

UNIVERSITY OF COLORADO HOSPITAL

Information Services Department

IDX Centricity Web SCHED (Ambulatory Services) Access Request

Call the Information Services Help Desk at 720-848-4000 for more information or help with these procedures.

FAX THE COMPLETED FORM TO THE IDX Training Team at 720-848-8404

****NOTE All IDX requests will go from the Manager to the IDX trainer. Existing employees must register for training through HealthStream; New CTAs will automatically be registered for all applicable classes.**

Top section to be completed by manager and signed by both the manager and the employee. The bottom section and dates of training to be completed by trainer and the IS Security Team.

To be completed by Manager...																																																													
*Employee Name: _____ *Title: _____ <small style="display: inline-block; width: 25%; text-align: center;">Last Name</small> <small style="display: inline-block; width: 40%; text-align: center;">First Name</small> <small style="display: inline-block; width: 10%; text-align: center;">MI</small>																																																													
*Employee #: _____ *Dept Name: _____ *Dept Phone #: _____																																																													
*Employer (Circle): UCH UCDHSC UPI Other: _____ <i>non-UCH employees must also complete a Security Statement</i>																																																													
Temporary Access through _____																																																													
Manager Name: _____ Phone: _____																																																													
Scheduling Location(s): UCH employees only: <input type="checkbox"/> AMB – All except Secure Areas <input type="checkbox"/> FLOAT - ALL areas no restrictions All other (non-UCH) employees – area specific <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> ASU</td> <td><input type="checkbox"/> Barbara Davis Ctr</td> </tr> <tr> <td><input type="checkbox"/> Bone Marrow Transplant</td> <td><input type="checkbox"/> Boulder Physical Therapy</td> </tr> <tr> <td><input type="checkbox"/> Breast Center</td> <td><input type="checkbox"/> Cancer Ctr Oncology ACP</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Electrophysiology</td> <td><input type="checkbox"/> Center on Aging Seniors</td> </tr> <tr> <td><input type="checkbox"/> Colo. 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By signing, the employee agrees to only use the portion of IDX Centricity Web on which he or she has been trained. Access will be provided after training is complete. Class schedules and registration available through HealthStream. Training questions can be e-mailed to <i>UCH-Ambulatory Services Training</i> .																																																													
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To be completed by Trainer... Web Access: Yes No New Access _____ Updated Access _____ Trainer Name: _____ Date: _____ Phone: _____ Trainer's Signature: _____ Send login to (circle): trn emp mgr Trainer Faxed to IS on: _____ Access Received: _____																																																													
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