

OIT Account Application Form for New Users



PLEASE EMAIL A COMPLETED, PROPERLY SIGNED CONFIRMATION

from the appropriate office to sodhelp@umaryland.edu

CONFIRMATION FROM APPROPRIATE OFFICE

*This form is **NOT COMPLETE** without the appropriate signature below*

For staff level [SOD HR STATE/SOD HR UMF DSP/UMOMSA (Samantha Comer)]:

PRINT: _____ **SIGN:** _____

For Provider level (SOD HR STATE):

PRINT: _____ **SIGN:** _____

For Volunteer Dean's faculty or International Scholars (Deborah Horstman or Keith Groves)

PRINT: _____ **SIGN:** _____

THIS SECTION IS REQUIRED FOR ALL NEW USERS	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	DATE OF BIRTH (MM/DD/YYYY)		ROOM NO.		PHONE NO.	
	START DATE (MM/DD/YYYY)		EMPLOYEE TITLE/DEPARTMENT			
	<input type="checkbox"/> STATE	<input type="checkbox"/> STAFF	FACULTY <input type="checkbox"/> SOD <input type="checkbox"/> WCH (Formerly PV)			
	<input type="checkbox"/> CORPORATE	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OFF-SITE: NON-AXIUM FACILITIES			
	SUPERVISOR NAME (PRINT)		SUPERVISOR SIGNATURE			

COMPLETE STAFF OR PROVIDER SECTION BELOW

ONLY IF USER NEEDS ACCESS TO AXIUM/MIPACS

STAFF & OTHER LEVELS	<input type="checkbox"/> ADMIN ASSISTANT			INSURANCE: <input type="checkbox"/> Clerk <input type="checkbox"/> Specialist		
	BUSINESS MGR: <input type="checkbox"/> w/EPR <input type="checkbox"/> CIS <input type="checkbox"/> No Adjustment			<input type="checkbox"/> LIMITED PATIENT CHART REVIEW		
	<input type="checkbox"/> Senior Assistant <input type="checkbox"/> w/EPR fee					
	CMS: <input type="checkbox"/> Prep Dispense <input type="checkbox"/> Director			<input type="checkbox"/> AXIUM MESSENGER ONLY		
	<input type="checkbox"/> Central Sterile <input type="checkbox"/> Supervisor					
	<input type="checkbox"/> COLLECTION SPECIALIST			<input type="checkbox"/> RESEARCH ASSISTANT		
	<input type="checkbox"/> CORPORATE ACCOUNT			<input type="checkbox"/> STAFF LAB		
	<input type="checkbox"/> CORPORATE FINANCE DIR			<input type="checkbox"/> STAFF NURSE		
	<input type="checkbox"/> DENTAL ASSISTANT			<input type="checkbox"/> STAFF PCC		
	<input type="checkbox"/> DS RADS			<input type="checkbox"/> STAFF RAD		
PROVIDER LEVEL(S)	FRONT DESK: <input type="checkbox"/> Standard <input type="checkbox"/> w/EPR <input type="checkbox"/> w/TRX			<input type="checkbox"/> UMOMSA SURGICAL ASSISTANT		
	<input type="checkbox"/> IMAGING ONLY			<input type="checkbox"/> UMM Staff		
	<input type="checkbox"/> HYG			<input type="checkbox"/> DDS/DMD		
	CLINIC (SELECT ALL THAT APPLY)					
	<input type="checkbox"/> AGD	<input type="checkbox"/> ASE	<input type="checkbox"/> CMC	<input type="checkbox"/> RAD	<input type="checkbox"/> GP 1-8	<input type="checkbox"/> FDS
<input type="checkbox"/> OMC		<input type="checkbox"/> OS	<input type="checkbox"/> SCS	<input type="checkbox"/> FPC		
DEPT./GRADING DISCIPLINE (SELECT ONE):						
<input type="checkbox"/> ENDO		<input type="checkbox"/> HYG		<input type="checkbox"/> OM/RAD		
<input type="checkbox"/> OS		<input type="checkbox"/> PEDO		<input type="checkbox"/> PERIO		
				<input type="checkbox"/> ORTHO		
				<input type="checkbox"/> RD		