

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 or Denise Genuit):

PRINT: _____ **SIGN:** _____

For Provider level (SOD HR):

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"/> OFF-SITE: NON-AXIUM FACILITIES
	<input type="checkbox"/> CORPORATE	<input type="checkbox"/> VOLUNTEER	INT'L SCHOLAR: <input type="checkbox"/> OBSERVE <input type="checkbox"/> ASSIST	
	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			
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				
PROVIDER LEVEL(S)	<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"/> PV	<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"/> ORTHO	
<input type="checkbox"/> OS	<input type="checkbox"/> PEDO	<input type="checkbox"/> PERIO	<input type="checkbox"/> RD		