

OIT Account Application Form for New Users

FORM MUST BE PROPERLY SIGNED AS CONFIRMATION
from the appropriate office and emailed to sodhelp@umaryland.edu

CONFIRMATION FROM APPROPRIATE OFFICE

This form is **NOT COMPLETE** without the appropriate signatures

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"/> CORPORATE	FACULTY <input type="checkbox"/> SOD <input type="checkbox"/> WCH (PV) <input type="checkbox"/> OFF-SITE: NON-AXIUM FACILITIES				
	<input type="checkbox"/> STAFF	<input type="checkbox"/> VISITOR	INT'L SCHOLAR IN CLINIC: <input type="checkbox"/> OBSERVE <input type="checkbox"/> ASSIST			
	SUPERVISOR NAME (PRINT)			SUPERVISOR SIGNATURE		

COMPLETE ONE SECTION BELOW

ONLY IF USER NEEDS ACCESS TO AXIUM/MIPACS

STAFF & OTHER LEVELS	<input type="checkbox"/> ADMIN ASSISTANT/GATEKEEPER		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			
OIT <input type="checkbox"/> Admin <input type="checkbox"/> Admin Pwd <input type="checkbox"/> 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"/> 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"/> PROS	<input type="checkbox"/> PP <input type="checkbox"/> RD	