

# Centricity/Logician User Request

**This form is for Logician/Centricity accounts only**

IDX access forms may be obtained at [www.ecu.edu/IDX](http://www.ecu.edu/IDX)

**Please FAX completed request form to 744-5504 prior to new employee orientation.**

New Accounts, Reactivations, Deactivations, and Changes to privileges must be requested using this form.

**Employee Name:** \_\_\_\_\_  
(First) (Initial) (Last) (Title)

**Banner ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*If name or credential change only, please provide former name:* \_\_\_\_\_

Will user have appointments scheduled? Yes / No If so, Primary Scheduling Department: _____	Will user order Labs? Yes / No (Provide primary appt book location)
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**Employee Role:**

- Clinical Pharmacist
- Clinical Support Staff
- Counselor
- Lab Tech
- Licensed Nurse
- Medical Office Asst
- Medical Student
- Midwife
- Other Provider
- Physician, Attending
- Physician, Extender
- Physician, Resident/Fellow
- Referral Specialist
- Registered Nurse
- Student/Intern
- Support Staff
- Technologist
- Transcriptionist
- View Only
- Other \_\_\_\_\_

**Hiring/Sponsoring Dept:**

- Family Medicine
- Firetower Medical Office
- Internal Medicine
- Leo Jenkins Cancer Center
- Obstetrics/Gynecology
- Pathology
- Pediatrics
- Psychiatry
- Radiation Oncology
- Student Health Services
- Surgery
- Other: \_\_\_\_\_
- Medical Students
- Billing & Reimbursement
- Call Center
- Health Information Systems/Svcs
- Patient Access
- Pharmacy
- Deactivate** **Date** \_\_\_\_\_
- Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Credentials/license reviewed by Department:** I confirm that the Name and Title as listed above is as it appears on any required license when the signing privilege is used in the electronic medical record.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Head: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

HIS/S Director: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

HIS/S Use Only. CLINQA: _____	Userid: _____
Role: _____	Orientation Date: _____