



Centricity New Username Request

Name of New User

Employee

Volunteer

First Name

Last Name

Contact Information

Phone

Email Address

Fax:

Address

Clinical Location

Supervisor's Name

Form Prepared By

If Employee is on a PRN Contract

List contract end date

Security Group

- | | |
|---------------------------------|-------------------------------|
| Billing (Central Practice) | MCEHHC PSR (Front Office) |
| Case Managers | NFP Registered Nurses |
| Dental Staff (Clinical) | NICU Group |
| Graduate Assistant | Nurse Practitioners |
| HCSBHC PCS (Nurse) | Office of Practice |
| HCSBHS PSR (Front Office) | Pharmacy |
| JC Clinics Interpreters | Physicians |
| JC Clinics PCS (Nurse) | PMG Billing |
| JC Clinics PSR (Front Office) | Preceptors |
| JC Diagnostics | Radiology/Sonography |
| JC Laboratory | SH Clinics PCS (Nurse) |
| Licensed Clinical Social Worker | SH Clinics PSR (Front Office) |
| Licensed Master Social Work | Speech Language Pathology |
| MCEHHC PCS (Nurse) | _____ |
| _____ | _____ |

User Requires Dell/Remote Access

HIPAA Training Completed

Date: _____

Verified By: _____

EHR Module Completion

Verified By: _____

Background Check Clear

Verified By: _____

*****FOR OFFICE USE ONLY*****

Centricity Username

Completed By

Temporary Password

Date Completed