

ACCESS APPLICATION FORM: NON-EMPLOYEE

Compliance Form Complete

FULL NAME: _____
First Middle Last

COMPANY/
PRACTICE: _____
For providers and their staff please indicate both your company and if applicable the specific practice/location you are associated with

ADDRESS: _____
Street City, State, Zip-code

Job Title: _____

Office Phone #: _____

Office Email: _____@_____

From selection below please **choose three** *questions below to answer. The questions you choose will be additional information that will be used to verify your identity by telephone when you contact technical support.

Q1: City of Birth A. _____

Q2: Address A. _____

Q3: Year of Graduation A. _____

Q4: Mother's Maiden Name A. _____

Q5: High School Attended A. _____

Q6: Day of Month you were born A. _____

User Signature _____ Date _____

Access Authorization

A Service Desk Express (SDE) ticket is created for each new non-employee user account access request.

An Edward-Elmhurst Healthcare Manager or designee indicates authorization/approval through the SDE ticket.