

Volunteer/Dean Faculty Users
Access to Clinical Information Systems

TO BE FILLED OUT/REVISED BY Dept/Program Secretary

User ID (assigned by IT): _____

- NEW/As of: _____ Expected End Date: _____ (June 30th of current Clinical Year)
- EXPIRE/ As of: _____
- EXTEND/NewEndDate _____

First Name: _____ Middle Initial: _____ Last Name: _____

User Office/Room Number: _____ Phone Number: _____ Email: _____

(Required) Last 4 digits of SSN or dob(mm/dd/yyyy) _____

If you have you ever been a User at UM Dental School?

Dates of service: _____ Name during service: _____ Past ID or Provider#, if known: _____

Clinical, Evaluation and Appointment Access selection: circle and/or enter info

Application: Axium Romexis

Main Assignment: Clinic: _____ and/or Pre-Clinical Simulation Yes / No

Allow access to other: Clinics: _____

PRINTED NAME and Signature Authorizations:

1..Dept/Program Approval: _____ Date: _____ Dept/Program: _____ Phone _____
(Dept/Program chair; Please Print Name and Sign)

Upon completion, please submit to Debbie Horstman, Volunteer Faculty Office, for Approval and submittal to OIT

Dean's Faculty Office Approval: _____ Date _____
(Debbie Horstman or Dr. Morganstein)