

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 signature below*

For staff level (Corporate HR or Samantha Comer):

PRINT: _____ **SIGN:** _____

For Provider level (SOD HR STATE):

PRINT: _____ **SIGN:** _____

For Volunteer Dean's faculty or International Scholars (Michelle Howell or Keith Groves)

PRINT: _____ **SIGN:** _____

NEW OR RETURNING EMPLOYEE (Faculty, Staff, Student, Resident)? _____

**THIS SECTION IS REQUIRED
FOR ALL NEW USERS**

LAST NAME	FIRST NAME	MIDDLE INITIAL
ROOM NO.	PHONE NO.	
START DATE (MM/DD/YYYY)	EMPLOYEE TITLE/DEPARTMENT	
<input type="checkbox"/> STATE	<input type="checkbox"/> STAFF	FACULTY <input type="checkbox"/> SOD <input type="checkbox"/> USG <input type="checkbox"/> OFF SITE: NON-AXIUM FACILITIES
<input type="checkbox"/> CORPORATE	<input type="checkbox"/> VOLUNTEER	INT'L SCHOLAR: <input type="checkbox"/> OBSERVE <input type="checkbox"/> ASSIST
SUPERVISOR NAME	SUPERVISOR SIGNATURE	

COMPLETE ALL FIELDS BELOW ONLY IF USER NEEDS ACCESS TO AXIUM/MIPACS

STAFF/PROVIDER LEVELS

<input type="checkbox"/> ADMIN ASSISTANT	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"/> Central Sterile <input type="checkbox"/> Supervisor	<input type="checkbox"/> AXIUM MESSENGER ONLY
<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"/> STAFF FRONT DESK <input type="checkbox"/> FRONT DESK + <input type="checkbox"/> FRONT DESK TRX	<input type="checkbox"/> STAFF RAD
OIT <input type="checkbox"/> Admin <input type="checkbox"/> Admin Pwd <input type="checkbox"/> Staff	

PROVIDER LEVELS

HYG 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"/> USG	<input type="checkbox"/> OMC	<input type="checkbox"/> OS	<input type="checkbox"/> SC&G	<input type="checkbox"/> FPC	

DEPT./ DISCIPLINE

<input type="checkbox"/> ENDO	<input type="checkbox"/> HYG	<input type="checkbox"/> OM/RAD	<input type="checkbox"/> ORTHO	<input type="checkbox"/> OS	ERX LEVEL <input type="checkbox"/> STUDENT STAFF
<input type="checkbox"/> PEDO	<input type="checkbox"/> PERIO	<input type="checkbox"/> PROSTH	<input type="checkbox"/> RD	<input type="checkbox"/> EPICS	<input type="checkbox"/> NON-EPICS