



CENTER FOR MEDICAL EDUCATION & RESEARCH

Information Systems User Setup Request

All of the following information must be provided for PeaceHealth information systems user setup. Please type or print legibly. This form must be returned at least 5 business days prior to your first day at Sacred Heart Medical Center.

FAX form to: (541) 335-2343 – Chris Traver, Director (Ph 541-686-6863)

Or Mail to: Center for Medical Education & Research

P.O. Box 10482

Eugene, OR 97440

User setup requested for:

First Name	MI	Last Name	Position/Job Title
____ / ____ / ____		____ / ____ / ____	____ / ____ / ____
Social Security Number		Date of Birth	Male / Female
E-mail Address		Cell Phone	

Affiliation with PeaceHealth:

OHSU Medical Student/

Other (*please describe*): _____

OHSU Medical Education & Research Collaborative (OMERC)

School of Medicine

Employer

Department

Access is requested for the following applications:

LastWord read only

Start Date: ____ / ____ / ____

Internet

End Date: ____ / ____ / ____

I certify that the above is accurate and complete and I have reviewed and understand the necessary orientation information for the requested experience.

Initial: _____

Student's signature

Ron Stock, M.D.

Date

Date

Office use only:

Send copy to: CHR, (541) 434-3158