## 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: _____

NPI Number:          _____
               *10 digit number; can be obtained via https://nppes.cms.hhs.gov/NPPES/Welcome.do*


**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)*