

REQUEST FOR LOG IN
Erlanger Health System - GE Electronic Medical Record

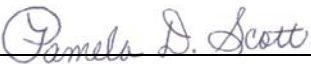
New User ID	Modify User ID	Terminate User ID
Last Name:	First Name:	Middle Initial:
Employee ID:	NonEmployee ID (Last 4 of SSN):	GE EMR User ID:
DEA number (if MD/DO/NP/PA only):	NPI number:	State License number:

Office (Primary Location of Care):	
Other Locations of Care needed if applicable:	
Security Question: <i>(Please check one of these questions.)</i>	<p><input type="checkbox"/> 1. What was your childhood nickname?</p> <p><input type="checkbox"/> 2. In what city did you meet your spouse/significant other?</p> <p><input type="checkbox"/> 3. What is the name of your favorite childhood friend?</p> <p><input type="checkbox"/> 4. What is your oldest sibling's birthday month and year?</p> <p><input type="checkbox"/> 5. What is the middle name of your youngest child?</p> <p><input type="checkbox"/> 6. What is your oldest sibling's middle name?</p> <p><input type="checkbox"/> 7. What is your oldest cousin's first and last name?</p> <p><input type="checkbox"/> 8. In what city does your nearest sibling live?</p> <p><input type="checkbox"/> 9. What is your maternal grandmother's maiden name?</p> <p><input type="checkbox"/> 10. In what city or town was your first job?</p>
Security Answer:	

From the list below, mark the role(s) needed.

You can select up to 5 roles. The role(s) you select will determine the access granted.

<input type="checkbox"/>	Administrator EMR	<input checked="" type="checkbox"/>	Other Student
<input type="checkbox"/>	Advanced Practitioner	<input type="checkbox"/>	Patient Service Rep
<input type="checkbox"/>	Billing Office	<input type="checkbox"/>	Physician
<input type="checkbox"/>	Coder	<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	Director	<input type="checkbox"/>	Practice Manager
<input type="checkbox"/>	EHS HIM	<input type="checkbox"/>	Referral Coordinator
<input type="checkbox"/>	Fax Administrator	<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Licensed Practical Nurse	<input checked="" type="checkbox"/>	Resident
<input type="checkbox"/>	LinkLogic Manager	<input type="checkbox"/>	Reviewer Erlanger
<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Reviewer NonErlanger
<input type="checkbox"/>	Medical Student	<input type="checkbox"/>	Run Reports
<input type="checkbox"/>	Nurse Practitioner	<input type="checkbox"/>	Support Staff
<input type="checkbox"/>	Office Coordinator	<input type="checkbox"/>	

Date Submitted:	Authorization Signature: 
	Employee Signature:

Please FAX completed form to: EMR Clinical Operations Analyst at 423-778-4146

For questions, please contact the GE EMR Support Line at 423-322-1869