

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
	DATE OF BIRTH (MM/DD/YYYY)		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	STAFF 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"/> AXIUM MESSENGER ONLY		
	<input type="checkbox"/> Central Sterile <input type="checkbox"/> Supervisor					
	<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"/> STAFF RAD			
<input type="checkbox"/> FRONT DESK TRX						
OIT <input type="checkbox"/> Admin <input type="checkbox"/> Admin Pwd <input type="checkbox"/> Staff						
PROVIDER LEVELS						
<input type="checkbox"/> HYG			<input type="checkbox"/> 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"/> EPCS		<input type="checkbox"/> NON-EPCS		