

User Access Request Form

Instructions: This form must be completed and signed by employee’s supervisor/manager. Please e-mail completed forms in PDF format to **ISSecurityRequests@jhmi.edu** OR fax to **410-550-7148**. Please **TYPE or PRINT CLEARLY!** Illegible requests will delay service!

Secure Chat - EPIC Role specified below as Secure Chat Only or *for special instances* Secure Chat Only with/Sign In (e.g., night mechanics).

JHED/E-Mail EPIC New/Update Role EKG Web View

Requestor Information (Supervisor/Manager/Director)

*JHED id: _____

*Name: _____ *Date: _____

*Signature: _____

*Phone: _____ *E-mail address: _____

Employee Needing Account

*First Name: _____

Middle Name: _____

JHED ID: _____

*Last Name: _____

SAP - Department Cost Center

*Social Security Number: _____

*Birth Date: _____

*Required for Non-Student
ADHOC JHED Accounts.
Billing of \$125/year will
begin on March 31, 2022*

*Title: _____

Department: _____

Building/Room: _____

**Temporary Personnel Only - Expected Date of Departure (mm/dd/yy): _____

EPIC - This section MUST be completed if requesting EPIC access, including “Secure Chat Only” roles. Staff MUST be credentialed through the Medical Staff Office (0-0181). EPIC training is required for all new users or role change. Access training through **My Learning** at my.johnshopkins.edu

EPIC Role Requested - If they already have Epic access, please specify if we are replacing the current role or adding to current access.

Departmental Drive Access – Submit IT Help Desk Ticket - 410-955-4357 (955-HELP) (5-HELP)