Community ONE

Beth Israel Deaconess Hospital
Milton · Needham · Plymouth

User Account Application Form * Please submit completed form to:
access@bidneedham.org

DATE: _____   **IMPORTANT**: Please fill out **ALL** categories and **PRINT LEGIBLY** to facilitate timely turnaround

Site(s): (Check all that Apply) ☐Milton   ☐Plymouth   ☐Needham

Account Type: ☐ C1 Hospital Employee ☐ BIDMC Employee ☐Temporary ☐ Non-Employee ☐Affiliated Physician Group ☐ Student

If Non-Employee, Name Employer_____**If Student, School:** _____

☐ New User ☐ Rehire/Reactivate ☐ Existing User		☐ Name Change ☐ Dept. change ☐ Position Change ☐ Menu Change	
Begin Date	End Date (if temporary)	Old	New

Last Name:_____   **First Name**:_____   **Mid. Initial**:_____

Date of Birth: _____   **SS#** (last 4 digits): _____   **Requesting Pager/Cell Phone**: ☐ N ☐Y, Cost Center:_____

Work Phone: _____   **Work Fax**: _____

Department(s): _____   **Supervisor:** _____

Location: _____
Building/Floor/Room – or FULL ADDRESS if located off-site

Credential: ☐ MD or DO   ☐ PA or NP   ☐ RN   ☐ **Other** _____   **Is user a supervisor**? ☐Yes   ☐NO

Position/Title:_____   **Username** (If already issued/rehire)**:** _____

If user is a Physician's Office Employee, please list the provider this user supports:
_____

Affiliated Physician User Group: ☐ APG/BIDHC/BIDCO   ☐ HMFP   ☐   JPA

Account Profile setup (Please check all that apply)

Milton: ☐ AD Access ☐ Email	**Plymouth:** ☐ AD Access ☐ Email

Needham:
☐ **AD Access**
☐ **Outlook Email**
☐ **ITS**
☐ **H: Drive**
☐ **Phone extension/Voicemail**
☐ **Shared Drive(s):   Owner: Member:**

☐ **Distribution List(s): Owner: Member:**

Copy From User/Template:
_____

Additional Access Notes:

Additional Applications:
☐ **Athena**
☐ **3M**
☐ **Meditech Expanse**
☐ **Change HealthCare**
☐ **Surgical Schedule**
☐ **ED Dashboard**
☐ **Dragon Medical One**
☐ **E-prescribing**
☐ **OMR Full**
☐ **OMR Lite**
☐ **PACS**
☐ **PYXIS**
☐ **CMI Downtime Report**

Other Apps:

Internal Use Only	
User Mnemonic	**Additional Meditech Expanse Information**

Requested by: Name/Title (please print):_____

Phone #/Pager ID: _____