UCLA HEALTH ServiceNow NON-EMPLOYEE RITM#: Medical Information Technology Services / 176746 10880 Wilshire Blvd., Suite 600 **ACCESS** Los Angeles, CA 90024 **REQUEST FORM** Phone: (310) 267-4560 / Fax: (310) 794-7895 PLEASE TYPE (or print legibly) REQUIRED INFORMATION BELOW. (3) TELEPHONE (Work) [REQUIRED] (1) **LEGAL NAME** (Last/First/Middle Initial) [REQUIRED] (2) TITLE / ROLE [REQUIRED] PLEASE CHECK THE APPROPRIATE BOX: □ NEW APPLICATION □ ACCESS CHANGE □ INFORMATION CHANGE (5) MOTHER'S MAIDEN NAME OR IDENTIFYING SECRET WORD (4) ORGANIZATION AND MAILING ADDRESS [REQUIRED] [REQUIRED] (Department/Room no./Building or Street Address/City, State & Zip) (6) SPONSORING DEPARTMENT: CONTRACT / APPOINTMENT END DATE: [REQUIRED] [REQUIRED] MANAGER / SUPERVISOR: *End date cannot exceed 1 year [REQUIRED] (8) ACCOUNT(S) REQUESTED: EMPAC SELECT ONE ONLY **NETWORK** MAINFRAME/RACF **FORMS PORTAL** CareConnect ☐ AD Domain ☐ Mainframe / RACF □ Westwood ☐ MUSE/EKG ☐ Requisition Requester □ Exchange ☐ Santa Monica ☐ OBIX/Fetal Monitoring ☐ Requisition Approver □ VPN ☐ Cadence Scheduling (For PBS, FPG, or Financial ☐ Other: _____ ☐ Cash Drawer Level: _ Srvcs) Template: _ Extended Timeout: □Yes □ No □ PACS Access Type: ___ ☐ RIS-IC (Formerly IDX) Default Org: _ Access Type: ___ Lock Manager: □Yes □ No □ Powerscribe Access Group: _ ☐ Allscripts BedXpress □Ronald Reagan Hospital □ Santa Monica □ iCap Specify iCap Group(s): _____ Type: ___ Role: ___ □ OneStaff NOTES, COMMENTS, ADDITIONAL ACCESS, REQUESTS, EXTERNAL EMAIL ADDRESS: **UNAUTHORIZED COMPUTER USE:** Unauthorized use of Medical Enterprise computer equipment and/or data could result in the termination of my access. In addition, should I so misuse Medical Enterprise computer equipment and/or data, I further acknowledge and agree that the University has the right to, under its agreement with Epic Systems, remove me from work on all UCLA contracts. Such unauthorized use may also constitute grounds for either civil action (for restitution) or criminal prosecution by a third party other than University. I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:

Revised 7/18/13

Date [REQUIRED]

Date

(9) AUTHORIZER [REQUIRED]

/ Print Name

Signature

Applicant Signature [REQUIRED]

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