Department of Medicine
New Employee Access Form

Please enter all information as requested below. Save it to your hard drive. Attach it to an e-mail to Melanie Gee 5 working days prior to the new employee's start date:

SSN#				
First Name:				
Middle Initial:				
Last Name:				
Employee Start Date:				
Birthdate:				
Room Number:				
Extension:				
Budget #:				
Title:				
Transferring within MCG	**Yes**			
If yes, Department Name:				
Clinical Faculty already:	**Yes**		**No**	
Powerchart Office?	**Yes**		**No**	
Kodak?	**Yes**		**No**	
Powerchart Results?	**Yes**		**No**	
IDX?	**Yes**		**No**	
Labtracker?	**Yes**		**No**	
If physician? NPI #:				
DEA#:				
HIMS Dictation #(also called Healthquest # or HOST-PROI):				

Comments:

This Section Must Be Completed (No Exceptions)

1. **Is this new employee working only in Research? Yes or No**
2. **Printed Name of person completing form:**

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Revised 6-23-09 MRG