

EMORY HEALTHCARE

Nursing Student / Faculty Computer Logon ID Request Form – 11-22-2016
Complete all items. Print legibly. Incomplete or illegible forms will delay issue of logon ID

Last Name: _____

First Name: _____

Middle Initial: _____

Level: *circle current status*

Sophomore Junior Senior Faculty RN-BSN NP Graduate

School of Nursing: _____

Social Security Number: _____

*Complete SSN Required. Do not put school ID #. Students **without a SSN** may substitute DOB.*

Anticipated Graduation Date: _____

Clinical Department for this rotation: _____

E-mail and phone #: _____

Are you a returning student?

____ No

____ Yes If yes what is your logon ID? _____

Are you a current Emory Healthcare employee?

____ No

____ Yes If yes provide the following information:

Current Logon ID: _____

Previous Emory access in the last two years? _____

EHC Job Title and Department/Entity: _____

Work Department / Entity: _____

Technical Ability: ____ Low ____ Medium ____ High