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| **Please provide the following information for** **New/Current Employees or Student Researchers needing****Ven ID’s – Cerner - Miscellaneous Cerner Applications** |
| **Name of New or Current Employee or Student:** |
|  First and Last name |  |
|  Name they go by |  |
| If student, how long will they be working on the project? | Start date:End date: |
| If Employee:  | Job Title: |
| Do they need a Vendor (VEN) ID? |  Yes No  |
|  If no, what is their VEN ID? |  |
| Current Email address |  |
| Direct Phone number |  |
| Complete physical address where they will be working |  |
|  |  |
| Name of Supervisor |  |
| Supervisor email |  |
| Supervisor direct phone  |  |
| Complete physical address where they work |  |
|  |  |
| Has the requester competed the CARS form in its entirety? |  Yes No |
| Is it Legible? |  Yes No |
| Please email CARS form with this form |   |
| Have they received Cerner Training |  Yes No |
|  | Date of Training:  |
| If requesting additional Cerner privileges:  |  |
| * What Department do you work in:
 |  |
| * Do you know the correct name of the application you need:
 | Name of Application: |
| * What will you be doing when working in this application:
 |  |
| * Is there someone to model your request after?
 | Name:  |

Please email completed form to Laura Wilkes at Laura.Wilkes@Bannerhealth.com