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| --- | --- |
| **Please provide the following information for**  **Student Researchers needing**  **Stu ID’s – Cerner - Miscellaneous Cerner Applications** | |
| **Name of Student:** | |
| First and Last name |  |
| Name they go by |  |
| If student, how long will they be working on the project? | Start date:  End date: |
| Have you registered with mCE prior to now? | Yes No |
| Do they need a Vendor (STU) ID? | Yes No |
| If no, what is their STU ID? |  |
| Current Email address |  |
| Direct Phone number |  |
| Complete physical address where they will be working |  |
|  |  |
| Name of Dept/Host Information |  |
| Supervisor email |  |
| Supervisor direct phone |  |
| Complete physical address where they work |  |
|  |  |
| Have they received Cerner Training | Yes No |
|  | Date of Training: |

Please email completed form to Beth Slaby at Beth.Slaby@Bannerhealth.com