|  |
| --- |
| **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