Request Epic Access for RN/LPN Office Nursing Personnel

<u>Licensed</u> RN/LPN office personnel at physician offices that utilize Baptist for patient care may be granted Epic access to complete order entry. The following items in this order must be completed for access to be granted:

- 1. Request for access by completing the "Statement of Sponsoring/Employee Participant" Form signed and dated by:
 - a. Physician
 - b. Employee RN or LPN
 - c. Office Manager
- 2. Complete the "Request Epic Access for Licensed Office Nursing Personnel" Form:
 - a. Fax to the Medical Credentialing Office at 901-227-5145
 - b. Training will be notified of requests internally by Credentialing (send to Cindy Cain)
 - c. Training will contact the participant to schedule class
- 3. Completion of training by employee:
 - a. Successful pass rate on testing after training.

Access will be granted after completion of the steps above within 24 hours during the business week.

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Statement of Sponsoring/Employing Physician

This will serve to attest that the licensed nurse (RN/LPN) identified below is employed, contracted, or sponsored by me to assist me with the patient order entry process from my office. I understand this nurse (RN/LPN) cannot assist me in the hospital setting and I will notify the hospital if she/he ever needs to function in that capacity.

I verify the nurse is able to perform the services requested. I agree to notify the hospital if this person should ever leave my employment. I attest that this nurse is properly licensed in the state of (circle one: Arkansas/Tennessee/Mississippi) and have attached a primary source verification of his/her license.

I understand that all orders and entries to the medical record must be authenticated by me within 24 hours. I understand that I am responsible for the accuracy, completeness, timeliness, and authenticity of all documents.

Please forward this completed form to the respective hospital Medical Staff office for filing.

Date:

Date:	Signature of Sponsoring/Employing Physician(s)	
	Printed Name	
Date:	Signature of nurse (RN/LPN)	
	Printed Name	
Instruction for Office Manager: Please provide immediate notification to the res nurse terminates employment.	pective Baptist hospital Medical Staff Office if the above	

Signature Office Manager

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Practitioner Information The following information pertains to the practitioner to be added. Facility to Be Added: BMH-Memphis BMH-Women's BMH-Germantown BMH-Collierville BMH-Desoto **BMH-Restorative Care** BMH-Golden Triangle BMH-New Albany BMH-North Mississippi BMH-Tipton BMH-Huntingdon **BMH-Union City** BMH-Booneville NEA Baptist-Jonesboro Addition As: Office Based Nursing Licensed RN/LPN Last Name: _____ First Name: _____ *Middle Initial: _____ *Suffix: ____ *Social Security Number: _____ Date of Birth: _____ Degree: _____ NPI: _____ Licensure State: _____ License Number: _____ Specialty: _____ Clinic Name: _____ Primary Office Address: _____ Primary Phone Number: _____ Primary Fax Number: _____ Email Address [Optional]:

Requestor Information The following information applies to the employee submitting the request.			
Date:			
Name:	Department:		
*Phone:	*Fax:		
*Email:			
Additional Comment:			

Most fields are required. If you do not have all of the information necessary to fill out a field marked with an asterisk (*) use "N/A" instead.