



**Nova Southeastern University
Clinical Information System Support
NextGen Account Request Form**

This form is to be completed by the requestor and the requestor's supervisor. Access is based on a need to know basis and must be directly related to a user's defined job description.

Please contact CI @ (954)262-4308 or <https://servicemanager.nova.edu> if you have any questions.

1. Employee's Information

Last Name:	First Name:
Job Title:	Practice:
Phone:	NSU E-mail address:
NSU Number:	Date of Hire:

[Retrieve email address](#)

2. Security Access/Level(s):

2a. Duplicate Access of:

3. Security Access/Level(s):

3a. Duplicate Access of:

4. Security Access/Level(s):

4a. Duplicate Access of:

5. Security Access/Level(s):

5a. Duplicate Access of:

Providers (Faculty) and Residents Only	
NPI:	Credentials (DO, MD, OD, etc.):
With a BLACK MARKER, place your signature in the space below. Include your credentials behind your name	

Faculty should contact Credentialing if participating in any insurance plans, including Medicare and Medicaid (ext. 24343 or restevez1@nova.edu)

Residents Only
Expiration Date:

**PRINT, SCAN AND
SUBMIT TO
[HTTPS://SERVICEMANAGER.NOVA.EDU](https://servicemanager.nova.edu)**

3. Signatures Required:

Applicant: By signing this form, you agree to abide by university-set standards covering computer usage, record confidentiality, and/or other policies related to computers and information. You are responsible for the security of the data to which you have access. This includes your adherence to university and departmental policies regarding access to data, keeping data; diskettes, and printouts in secure locations; periodically changing passwords; and ensuring your workstation is not accessible to others who do not have legitimate access to it when you are not physically present. Consult the NSU Policy on Acceptable Use of Computing Resources available online at <https://www.nova.edu/common-lib/policies> for a more complete resource on university policies. Failure to follow such policies and procedures may result in administrative actions. Data to which you have access in the conduct of legitimate university business may not be used for any other purposes, nor may you pass it on to any other person, in any form, for any purpose other than legitimate university business. By signing here you agree to the terms and conditions listed above.

Please sign your name below to authorize this account

Requestor's Signature:	Date:
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Supervisor: By signing this form, you acknowledge that the applicant will have access to certain information that may be proprietary or confidential, based on the access requisitioned. You will be responsible for monitoring your staff's use of confidential data to help ensure they are conforming to university policy. Consult the NSU Policy on Acceptable Use of Computing Resources available online at <http://www.nova.edu/common-lib/policies> for a more complete resource on university policies. If the applicant deviates from such proper use, you will inform CIS so that corrective action is taken. At the termination of duties requiring such access, you will inform CI at <https://servicemanager.nova.edu> so that the applicant's account can be removed from the system.

Please type and sign your name below to authorize this account

Supervisor's Name:	Date:
Supervisor's Signature:	

Do not write below this line (For CIS/OIT-TSS Administration Use Only)

Account Information:	
Username:	Date Received:
Created By:	Date Created:
Added to Citrix External:	Added to Citrix Internal (EHR):
Added to Citrix Internal (PM):	Credentialing Contact: