Request Epic Access for RN/LPN Office Nursing Personnel

Licensed 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: ___________________________  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 respective Baptist hospital Medical Staff Office if the above nurse terminates employment.

Date: ___________________________  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.