



Centricity New Student Username Request

Name of New User

First Name

Student

Last Name

Volunteer

Contact Information

Phone

Email Address

Fax:

Address

Clinical Location

Preceptor's Name

Form Prepared By

Rotation End Date

Security Group

- Student Billing & Collections Student
- Clinical Staff
- Student Front Office
- Student Interpreter
- Student Medical Records
- Student (Requires Preceptor)
- Student (Independent Case Load)
- Other

HIPAA Training Completed

Date: _____

Verified By: _____

EHR Module Completion

Verified By: _____

Background Check Clear

Verified By: _____

*****FOR OFFICE USE ONLY*****

Centricity Username

Completed By

Temporary Password

Date Completed