# **University Employee EMERSE Access Request Form**

## **I. Instructions**

In order to request access to EMERSE for research purposes, please fill out the information in the following sections. In addition, you will need to provide the following supplemental documentation:

* Signed confidentiality agreement (posted at https://www.uncmedicalcenter.org/app/files/public/11316/pdf-medctr-volsvcs-confidentiality-statement---02-27-18.pdf)
* Certificate of completion of UNC HIPAA training
  + You may take the School of Medicine training and/or print your existing certificate of completion at the following link: <http://www.med.unc.edu/security/hipaa>
  + The link above points to the School of Medicine HIPAA training. If you have proof of completion of another UNC HIPAA training module (e.g., School of Pharmacy, School of Dentistry), you may submit that instead.

Once you’ve completed this form and obtained the necessary signatures, please submit it and the supplemental documentation detailed above to Joe Baker in HIM ([Joseph.Baker@unchealth.unc.edu](mailto:Joseph.Baker@unchealth.unc.edu)) or Chris Penaloza ([Christopher.Penaloza@unchealth.unc.edu](mailto:Christopher.Penaloza@unchealth.unc.edu) ) in Joe’s absence, for processing.

**II. Approval Process**

After submission, processing, and approval of this request, you will be granted a UNCH domain account. You will be required to register for EMERSE training prior to being granted access to the application. Information on EMERSE training can be found at <https://tracs.unc.edu/index.php/services/biomedical-informatics/emerse>. We encourage you to sign up for training early; you may sign up for and complete training *prior* to being granted a UNCH domain account.

## **III. Personal Information**

Legal first name: Click here to enter text.

Preferred first name: Click here to enter text.

Middle initial: Click here to enter text.

Last name: Click here to enter text.

Last 4 digits of your SSN: Click here to enter text.

Month of birth: Choose an item. Day of birth: Choose an item.

Are you at least 18 years of age? Click here to enter text.

Home department: Click here to enter text.

UNC PID: Click here to enter text.

Work phone: Click here to enter text.

UNC email address: Click here to enter text.

Position title: Click here to enter text.

## **IV. Study Information**

If on multiple studies, enter the primary IRB under which you’re requesting EMERSE access.

Study’s IRB number: Click here to enter text.

Are you listed as key personnel on the study’s IRB?: Choose an item.

Study PI: Click here to enter text.

PI home department: Click here to enter text.

PI email: Click here to enter text.

PI phone: Click here to enter text.

## **VI. Signatures**

Requester Signature Date: Dept. Head Signature\* Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Requester Printed Name: Dept. Head Printed Name:\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature Date:

\*Is the new user a Visiting Scholar?

\_\_\_\_Yes \_\_\_\_No

If yes, please obtain UNC School of Medicine Clinical Department Chair’s signature on the line above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

PI Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_