West Virginia University.

OnCore Access Request
Version 4.0 13Oct2021

First Name: _____ Last Name: _____

Employed by (check one):   Credentials:
☐ WVURC   ☐ WVU   ☐ MD   ☐ PharmD
☐ WVUM   ☐ Other _____ (specify)   ☐ DO   ☐ RN
                                            ☐ PhD   ☐ Other _____ (specify)

Work Email: _____ Work Phone: _____ Ext: _____

Department: _____ Title: _____

College/Division: _____ PO Box: _____

Work Address: _____

City: _____ State _____ Zip: _____

OnCore Role Requested *(check one)*:	
☐ Principle or Co Investigator	☐ Regulatory or Protocol Creator
☐ Study Coordinator	☐ Accounting
☐ Data Manager	☐ Pharmacy
☐ Other *(specify reason for access)* _____	

I agree to abide by Federal and Institutional HIPPA and HITECH guidelines and related activities concerning data and patient information. I acknowledge that I have read and understood the training material provided.

Signature: _____ Date: _____

Authorized Requestor Name: _____ Phone: _____

Authorized Requestor Signature: _____ Date: _____

Authorized Requestor must notify the OnCore Administrator via email at OnCoreAdmin@hsc.wvu.edu, when the employee leaves this role so their access can be deactivated.

For Office Use Only: **Entered by:** _____

Date Training Completed: _____ **Role:** _____

Start Date in System: _____ **Management Group:** _____