**BSLMC Research Credentialing Initiation Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **:** |  |  |  |
|  |  | *Last*  | *First* | *Middle (if none, please indicate)* |
| **Social Security No. (Last 4 digits)** | **:** |  | **Date of Birth** | **:** |  | / |  | / |  | **Gender** | **:** |  |
| *(mm / dd / yyyy)* |
| **Contact number** | **:** |  | **E-mail address** | **:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are you a licensed healthcare provider in the US? | [ ] Yes | [ ] No |
| 1a. | If yes, what license do you hold (MD, DO, NP, PA, RN, LCSW, etc.)? |  |  |
| Ans. |  |
| 2 | Will you have patient contact? (Being in the same room as a patient counts as patient contact) | [ ] Yes | [ ] No |
| 2a. | If yes, what will you be doing? (Consenting, blood draws, etc.)  |  |  |
| Ans. |   |
| 3 | Will you be working with blood and/or bodily fluids? | [ ] Yes | [ ] No |
| 4 | Will you be providing direct patient or clinical care? | [ ] Yes | [ ] No |
| 4a. | If yes, what procedures/interventions will you be performing? |  |  |
| Ans. |   |
| 5 | Do you currently have BSLMC Epic access? | [ ] Yes | [ ] No |
| 5a. | If yes, is it Read-Only, or Read/Write Epic access? |  |  |
| Ans. |  |
| 6 | Do you need BSLMC Epic access? | [ ] Yes | [ ] No |
| 6a. | If yes, what would you need to do in EPIC (e.g. review charts, review and edit patient charges, make patient notes, etc.)? |  |  |
| Ans. |  |
| 6b. | If yes, please provide a BSLMC EPIC user’s name and BSLMC EPIC user ID whose view you want to mirror off for your BSLMC EPIC access. Note, their User ID should be something like xmjb05 or A213465D |
| Ans. |  |
| 7 | Will you be on site at a BSLMC location? | [ ] Yes | [ ] No |
| 7a. | If yes, which location(s)? |  |  |
| Ans. |  |
| 8 | Do you have a BSLMC ID badge? | [ ] Yes | [ ] No |
| 8a. | If yes, what is your badge number (found on back upper left of ID)?  |  |  |
| Ans. |  |
| 8b. | If no, will you need one?  |  |  |
| Ans. |  |
| 9 | Do you have a St. Luke’s email address? | [ ] Yes | [ ] No |
| 9a. | If no, will you need one? |  |  |
| Ans. |  |
| 10 | Who is your research affiliated with (BCM, UT, VA, Rice, THI, MD Anderson, etc.)?  |
| Ans. |  |
| 11 | Who is your employer of record?  |
| Ans. |  |
| 12 | What is the title of your study (or studies), IRB number (or numbers) and Principal Investigator (or PIs) for research at St. Luke’s/CHI that will you be working on? |
| Ans. |  |