

BSLMC Research Credentialing Initiation Questionnaire

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

1	Are you a licensed healthcare provider in the US? <input type="checkbox"/>Yes <input type="checkbox"/>No
1a.	If yes, what license do you hold (MD, DO, NP, PA, RN, LCSW, etc.)?
Ans.	
2	What is your Role/Title Name? (This is required for Epic Training request.)
Ans.	
3	Will you have patient contact? (Being in the same room as a patient counts as patient contact) <input type="checkbox"/>Yes <input type="checkbox"/>No
3a.	If yes, what will you be doing? (Consenting, blood draws, etc.)
Ans.	
4	Will you be working with blood and/or bodily fluids? <input type="checkbox"/>Yes <input type="checkbox"/>No
5	Will you be providing direct patient or clinical care? <input type="checkbox"/>Yes <input type="checkbox"/>No
5a.	If yes, what procedures/interventions will you be performing?
Ans.	
6	Do you currently have BSLMC Epic access? <input type="checkbox"/>Yes <input type="checkbox"/>No
6a.	If yes, is it Read-Only, or Read/Write Epic access?
Ans.	
7	Do you need BSLMC Epic access? <input type="checkbox"/>Yes <input type="checkbox"/>No
7a.	If yes, what would you need to do in EPIC (e.g. review charts, review and edit patient charges, make patient notes, etc.)? Epic Utilization Description is required for Epic Training request.
Ans.	
7b.	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 (Mirror user's name is required for Epic Training request.)
Ans.	
8	Will you be on site at a BSLMC location? <input type="checkbox"/>Yes <input type="checkbox"/>No
8a.	If yes, which location(s)?
Ans.	
9	Do you have a BSLMC ID badge? <input type="checkbox"/>Yes <input type="checkbox"/>No
9a.	If yes, what is your badge number (found on back upper left of ID)?
Ans.	
9b.	If no, will you need one?
Ans.	
10	Do you have a St. Luke's email address? <input type="checkbox"/>Yes <input type="checkbox"/>No
10a.	If no, will you need one?
Ans.	
11	Who is your research affiliated with (BCM, UT, VA, Rice, THI, MD Anderson, etc.)?
Ans.	
12	Who is your employer of record?
Ans.	
13	What is the title of your study (or studies), IRB number (or numbers) and Principal Investigator (or PIs) for

Ans.	research at St. Luke's/CHI that will you be working on?
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