



Please provide the information below to obtain UH Care/EMR access.

Name (first and last):	
Company:	
Email Address:	
Last 4 digits of social security:	
Lust 4 digits of social security.	
Full date of birth:	
Protocol Number:	
End Date (when access will be removed):	
Check this boy to confirm that a heakground check has been completed through your	•
Check this box to confirm that a background check has been completed through your employer	L
Signature/Date:	