

CRIS Sunrise Access Request Form V4



Sunrise Clinical Manager: How to get CRIS Account Access

I. Access Request to the Sunrise Clinical Manager

Submission of this form is required for assignment, modification or deactivation of access privileges to the **Sunrise Clinical Manager (SCM)**. Please complete the following information for each individual requesting access or modification of access.

Please read carefully the instructions for completing this form:

- A. Fill-in all required information on the attached form (pages 2-3).
- B. Obtain authorizing signatures including Supervisor's signature and NIH ID number
- C. Deliver completed form to DCRI in Bldg. 10, Room 1C290. It is recommended that you submit the completed form prior to CRIS training

Note: Credentialed prescribers do not need to submit this form. Prescriber accounts are managed by the Medical Staff Credentialing Office at 2N216 Phone: 301-496-5937.

II. Security Requirements

As mandated by the NIH Information Technology (IT) Security Requirements all users of an IT system must be granted access only to applications and information based on their job function and need to know.

III. Training

Every user is required to take the Introduction to CRIS class. All other CRIS training classes are determined as it pertains to your role and practice at NIH.

Log into the Center for Information Technology (CIT) website to schedule your CRIS training <http://training.cit.nih.gov/coursest.asp> search for CRIS courses

IV. CRIS Code Access Pick-up

CRIS Access letter not received upon completion of training may be picked up at DCRI in Bldg. 10, Room 1C290 Monday through Friday **9AM-4PM**.

CRIS Access Request

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Request Type: (Required)

- New Access (Complete sections 1 and 2 below)
 - Have you ever had access to the CRIS Sunrise at NIH? __Yes __No
- Modify Current Access (Complete sections 1 and 3 below)
 - Name change (provide former name)_____
 - Access privilege change (provide a brief description)_____
 - Change in Department/Institute from _____ to _____
- Deactivate current access (Complete section 1 below)

Section 1: Employee Information (Required)

Last Name: _____ Initial: ____ First Name: _____

NIH Badge ID Number: _____

Work Phone Number: _____

Job Title (e.g. Student, Nurse, Pharmacist): _____

Professional Designation (e.g., MD, RN, MS, PhD): _____

Department/Institute: _____

Requested Effective Date: _____

Departure Date, if known: _____

Position: __ Permanent __ Temporary __ Summer Student __ Volunteer

Section 2: Request CRIS Sunrise Access

Please select the functions you need in order to perform your job responsibilities.:

- View/ Retrieve clinical information
- Enter clinical documentation
- Release held medical orders
- Enter medical orders as an agent for a Prescriber. If you select this option you must specify your **Affiliate Medical Staff (AMS)** category below. Refer to the approved list on page 4
 - Affiliate Medical Staff Category: _____

Section 3: Additional Comments:

Will you work in: __ Admissions __ DTM __ Medical Records __ Surgical Services (DASS) __ ICU __ Hospitality Desk (issuing Picture ID)

Please describe your role at NIH: _____

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Section 4: Signatures (Required)

Applicant Signature: _____ Date: _____

Supervisors before signing this form:

___ I have reviewed and confirmed above information

___ Assign privileges similar to _____
Another user with similar access within your dept

Supervisor Signature: _____ Date: _____

Print: _____ NIH ID #: _____

Note: Your signature authorizes the applicant to access the NIH Clinical Research Information System (CRIS) providing the Applicant access to clinical data. CRIS access is granted in accordance with policies and procedures of the NIH Clinical Center (<http://internal.cc.nih.gov/policies/> and http://intranet.cc.nih.gov/od/admin_policy/) and laws of the state of Maryland (<http://internal.cc.gov/policies> & http://intranet.cc.nih.gov/od/admin_policy)

Additional Signatures are required for the following:

Note: CRIS Access requests will only be processed once the credentialing verification is completed

1. Nursing Personnel:

RN, LPN, and Nursing Assistants who are providing direct nursing care for patients and who **are not** working for the Nursing and Patient Care Services (NPCS) must have their credentials verified by the Credentials Verification Nurse Consultant (301-496-6361).

Nursing; NPCS Chief/Designee Signature: _____ Date _____

Print: _____ NIH ID #: _____

2. Social Workers Personnel:

Social Workers who **are not** employed by the Clinical Center (CC) Social Work Department are to have their credentials verified by the CC Social Work Credentialing Officer (301-496-9318).

Social Worker: CC Social Worker Credentialing Officer/Designee Signature: _____ Date _____

Print: _____ NIH ID #: _____

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Approved Affiliate Medical (AMS) Categories	Other Categories
	*** If one of the following categories below applies, please discuss with DCRI's CRIS Security Staff
Acupuncturist	Anesthesia Technician
Dental Hygienists	Cytology Technician
Dietary- Clinical Health Technicians	EEG Technician
Dietary- Registered Dietitians	EKG Technician
Genetic Counselors	EMG Technician
LPN (Nursing)	Laboratory Technician (CC)
Nurses	Pulmonary Function Technician
Nuclear Medicine Technologists	Radiation Therapist
Perfusionists	Spiritual Minister
PET Technologists	Surgical Technologists
Pharmacists	Tai Chi Instructors
Pharmacy Technicians	Transfusion Medicine Technician
Phlebotomists	
Physical Therapists	
Physical Therapy Assistant	
Occupational Therapists	
Ophthalmic Technicians	
Rad- Diagnostic Radiologist Technicians	
Recreation Therapists	
Recreation Therapy Specialists	
Respiratory Care Practitioners	
Social Workers	
Speech Language Pathologists	
Vocational Rehab Counselors	