**DF/HCC OnCore Access Request Form for BWH Users**

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| 1. *User self-enrolls in “*[*BWHC SOP Training for DFHCC OnCore”*](https://www.healthstream.com/HSAPP/CoursePreEnrollment?courseId=ed76b89c-efb8-e711-bd81-005056b150d1&courseVersion=1) *HealthStream training and provides PI certificate of passing (≥ 80%) and stores in study documentation, along with this completed, signed form* 2. *PI completes form information, saves to computer, prints, and signs document* 3. *PI opens a Service Now ticket, completes applicable fields, adds “OnCore-DFCI” to “Application in Use” field, and copy/pastes information from the box below into “Describe your issue below” ticket field*   ***The ticket contact information must be the approver OR the ticket must contain the approver’s information in the description.***   1. *CTRIO assigns role-specific OnCore training to User in HealthStream* 2. *User notifies CTRIO when training is complete to obtain access, CTRIO assigns OnCore user-role* |

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| Place an “X” next to the OnCore Role (use the User Roles Guidance Document to select the appropriate role):  Coordinator \_\_\_\_\_\_ BWH Enhanced Coordinator \_\_\_\_\_\_ BWH Research Manager \_\_\_\_\_\_\_  Place an “X” next to the study team role:  Lead Study Coordinator \_\_\_\_\_\_\_ Study Coordinator \_\_\_\_\_\_\_ Research Manager \_\_\_\_\_\_\_  Primary Institution: BWH  Last Name:  Middle Name/Initial:  First Name:  User Work Phone:  Earned Degrees (credentials):  Department:  Management Group:  Office Location:  User Work Email:  Partners User ID:  Affiliated Institutions (if applicable):  Has the staff member ever worked for another Partners or DF/HCC site before?  If so, has the staff member ever used a different name while employed at another Partners or DF/HCC site? |

**PI Attestation: By signing below, I attest that I have reviewed the HealthStream training certificate presented by the user seeking access to OnCore named above and confirm that the user has passed the training and meets the qualifications for the role requested on this form.**

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Signature of Principal Investigator Date

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Printed Name of Principal Investigator