

**UW Health Systems Access Non-Research Narrative for
Students, Honorary Appointees, and Employees of Other Campus Units**

I. Departmental Information

- A. Department contact name and e-mail: _____
- B. Supervisor name and e-mail: _____

II. Applicant Information

- A. Full name: _____
- B. UW NetID: _____
- C. SMPH Workforce Role:

☐ Honorary Fellow/Associate or employee of another campus unit

Dates access is needed: Start date: ____/____/____ End Date: ____/____/____

☐ Student hourly, Undergraduate/Pre-College Intern, or Student for credit

Dates access is needed: Start date: ____/____/____ To: end of current semester

- D. Clinical credentials (e.g., RN, LPN, etc.), if applicable to request: _____

III. Request Information

- A. List the projects/tasks that require the applicant to access UW Health systems.

- B. Describe the applicant's involvement in each project/task including a specific description of how the applicant will utilize UW Health systems for this work.

- C. If the request is for more than view only access, please explain why this access is needed for the applicant's role. (Note: this may require additional training, review and approvals):