



Defining
EXCELLENCE
in the 21st Century

Student Nurse Cyber Security Request

(This document is not to be scanned into Medical Records)

Last Name: _____ First Name: _____ Complete Middle Name: _____

Clinical Rotation Start Date: ____/____/____ **(Do not submit without a rotation start date)**

Full SSN: ____-____-____ DOB: ____/____/____ Gender: ___ Female ___ Male

College Affiliation: ___ Clarkson ___ Creighton ___ Methodist.
___ Midland ___ NE Med ___ Other _____

Date fingerprints complete: ____/____/____ **(Do not submit form without an appointment date. Prints are only good for 120 days)**

Date on-line training complete: ____/____/____ **(Do not submit this form without a training completion date. The date must be within 12 months from the end of your rotation)**

I have previously had a computer access account with the VA: ___ Yes ___ No

If yes: I remember my codes and passwords: ___ Yes ___ No

My name has change since my previous clinicals: ___ Yes ___ No (Prior name: _____)

I have previously had a TMS account with the VA: ___ Yes ___ No

Phone Number: (____) ____-____ E-mail: _____@_____

Date of Submission: ____/____/____

Signature: _____

By my signature I acknowledge that:

(1) I have received a copy of the rules of behavior.

(2) I accept and agree to comply with all terms and conditions of the rules and behaviors.

Send completed document to:

Fax: (402) 995-3859 Attn: Kevin Smith **(This is a secure location, so it is safe to send PII)**

E-Mail: kevin.smith14c0a4@va.mil **(please ensure you encrypt in outlook)**

Hand Deliver: VA Hospital, Room 6417 (if the door is locked, slide document under door)

For Admin Use Only

Date Received: ____/____/____ On-line Training Date Complete: ____/____/____

Account Request Date: ____/____/____ Account Deactivation Date: ____/____/____