

# Request Epic Access for RN/LPN Office Nursing Personnel

**Licensed** RN/LPN office personnel at physician offices that utilize Baptist for patient care may be granted Epic access to complete order entry. The following items in this order must be completed for access to be granted:

1. Request for access by completing the "Statement of Sponsoring/Employee Participant" Form signed and dated by:
  - a. Physician
  - b. Employee – RN or LPN
  - c. Office Manager
2. Complete the "Request Epic Access for Licensed Office Nursing Personnel" Form:
  - a. Fax to the Medical Credentialing Office at 901-227-5145
  - b. Training will be notified of requests internally by Credentialing (send to Cindy Cain)
  - c. Training will contact the participant to schedule class
3. Completion of training by employee:
  - a. Successful pass rate on testing after training.

Access will be granted after completion of the steps above within 24 hours during the business week.

# Request Epic Access for RN/LPN Office Nursing Personnel



## Statement of Sponsoring/Employing Physician

This will serve to attest that the licensed nurse (RN/LPN) identified below is employed, contracted, or sponsored by me to assist me with the patient order entry process from my office. I understand this nurse (RN/LPN) cannot assist me in the hospital setting and I will notify the hospital if she/he ever needs to function in that capacity.

I verify the nurse is able to perform the services requested. I agree to notify the hospital if this person should ever leave my employment. I attest that this nurse is properly licensed in the state of (circle one: Arkansas/Tennessee/Mississippi) and have attached a primary source verification of his/her license.

I understand that all orders and entries to the medical record must be authenticated by me within 24 hours. I understand that I am responsible for the accuracy, completeness, timeliness, and authenticity of all documents.

Please forward this completed form to the respective hospital Medical Staff office for filing.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Sponsoring/Employing Physician(s)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of nurse (RN/LPN)

\_\_\_\_\_  
Printed Name

### **Instruction for Office Manager:**

Please provide immediate notification to the respective Baptist hospital Medical Staff Office if the above nurse terminates employment.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature Office Manager

