UH Intake Form for HealthStream and Epic Access

Today's Date _____

Last Name _____

First Name _____

Middle Initial _____

Date of Birth (MM/DD/YYYY) _____

Social Security Number _____

Email Address (school or work) _____

Phone Number _____

Rutgers NetID [3] _____

Department _____

If Student, List School & Year _____

If RU Paid Staff, List Title _____

If Temp Agency Staff, List Title _____

Are you an Unpaid Intern? [4] _____

[1] Please submit this form to UH's Clinical Research Services at uh-crs@uhnj.org. Processing can take 3-7 business days.

[2] The training provided through HealthStream is a mandatory requirement that must be completed yearly to continue Epic access. Proof of completion is required. Further instructions will be provided.

[3] A Rutgers NetID is required for Epic access.

[4] Unpaid interns must first be cleared by the Office of the Associate Dean for Research. Please contact Program Manager at (973) 972-7090.