



eReg Access Request

First Name: _____ Last Name: _____

Employed by (check one) WVURC WVUM WVU Other _____ (*specify*)

Work Email: _____

Work Phone: _____ Ext: _____

Department: _____ Title: _____

Credentials: (check one): MD DO PhD PharmD RN Other _____ (*specify*)

eReg role requested (check one):

Protocol Staff (signatory/review only)

Regulatory Staff

Monitor/Auditor

Review session request- (specify details of session):

For Monitor/Auditor only: Protocol _____

Dates of review session requested from: _____ to: _____

I agree to abide by Federal and Institutional HIPPA and HITEC guidelines and related activities concerning data and patient information.

I acknowledge that I have completed eReg training and have read and understood all training material. Check (✓) if documentation of training is attached

Signature: _____ Date: _____

Authorized Requestor Name: _____ Phone: _____

Authorized Requestor Signature: _____ Date: _____

Authorized Requestor must notify the eReg Administrator, via email at eRegAdmin@hsc.wvu.edu, when the employee leaves this role so their access can be deactivated.

For Office Use Only

Role: _____

Start date in system: _____

Date Training Completed: _____

Entered by: _____