

eReg Access Request Version 5.0 13Sep2023

First Name:	Last Name:
Employed by (check one):	Credentials:
\square WVURC \square WVU	\square MD \square PharmD
□ WVUM □ Other(specify)	\square DO \square RN
	\square PhD \square Other(specify)
Have you ever had an HSC account: ☐ Yes ☐ No	If yes, what was/is your HSC username:
Work Email: Work	Phone: Ext:
Department:	Title:
College/Division:	PO Box:
Work Address:	
City: State	Zip:
eReg Role Requested: (check all that apply)	
	T
☐ Principal Investigator or Co-Investigator	☐ Regulatory Assistant
☐ Study Coordinator	
☐ Regulatory Associate	☐ Data Manager
☐ Other(specify)	☐ Subject Access
I agree to abide by Federal and Institutional HIPPA and HITECH guidelines and related activities concerning data and patient information. I acknowledge that I have read and understood the training material provided.	
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:	
Date Training Completed:	Role:
Start Date in System:	Entered by:

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