**EPIC TRAINING REQUEST FORM**

Completion & submission of this form is critical to ensure classes are scheduled for you based on the LCMC training schedule & your projected start date. Email completed form to: [UMCEHRTrainers@lcmchealth.org](mailto:UMCEHRTrainers@lcmchealth.org).

**(PLEASE PRINT)**

First & Last Name; Last 4 of SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

LSU/Tulane Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: Personal or Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Manager Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Select One*: \_\_\_ LSU \_\_\_Tulane *Select One*: \_\_\_Faculty \_\_\_Fellow \_\_\_Resident \_\_\_Intern

Specialty/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMC Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select **ALL** that apply from the following list:

\_\_\_ Ambulatory/Clinic \_\_\_Inpatient \_\_\_ Hospitalist \_\_\_OB/GYN Rotation

\_\_\_ Surgery/Main OR \_\_\_Interventional Radiology \_\_\_Cardiac Cath Lab \_\_\_GI/Pulm Proc Lab

The following 5 classes are scheduled on an as needed basis & are arranged with ***at least 2 weeks’ notice***.

\_\_\_Anesthesia \_\_\_Emergency Department \_\_\_ Pathology \_\_\_ Gratis \_\_\_Transition to Faculty

Verification of prior training in EPIC 2010, 2012, or 2014, may qualify you for a 2hr EPIC Experienced Physician class. If you have prior EPIC training, please list below the classes/application(s), the facility, and contact (if known). *Allow at least 2 weeks for verification of prior training.* Med Student EPIC training does NOT qualify.

**EPIC Courses Completed** **Name of Facility Contact for verification** (if known)

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NOTE: EPIC account activation takes ~ 24-48hrs from the last day of completed EPIC training.

Please plan & schedule training accordingly to allow time for activation based on your first day of work at UMCNO.