## Duke Health System DukeShift Access OR Deletion Request Form

### User Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<thead>
<tr>
<th>HOME Department Name</th>
<th>API Facility AND Dept. Number (ie – 1, 2420)</th>
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<thead>
<tr>
<th>Duke Unique ID:</th>
<th>Email Address</th>
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### Access Request Information

- **Effective Date:**
- **Activate Account**
- **Inactivate Account**
- **Manager**
- **Staff Member**
- **Combination of Scheduler and Staff Member**

### Access Description

- **NURSE**
- **NCA**
- **MA**
- **HUC**
- **TECH**
- **PSA**

For clinical areas, please select the care types for which this employee qualifies to work. Please consider Competencies, Maestro Access, and Facility Access (ie, doors, parking) when selecting Care Types.

Please select the care types that apply to this employee:

- Adult Critical Care
- Adult Hem/Onc
- Adult Med/Surg
- Adult Med/Surg + Step Down
- Dialysis
- Emergency
- Endo/Bronch
- IV Team
- Neuro/Muscoskeletal
- Operating Rooms
- Peds Critical Care
- Peds Hem/Onc
- Peds Med/Surg
- Peds Med/Surg + Step Down
- Procedural/Outpatient
- Psychiatry
- Radiology Nursing
- Women’s Services
- Facilities:
  - Ambulatory (ASC or DASC)
  - Ambulatory (Duke Primary Care)
  - Ambulatory (Duke Hospital Based Clinics)
  - Duke University Hospital
  - Duke Raleigh Hospital
  - Duke Regional Hospital

### Additional Information

- **Authorized Signature of MANAGER (or sent from your e-mail account):**
- **Date:**
- **Tel:**

- **Prepared by:**
  - **Date:**
  - **Tel:**

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**DukeShift Administrator use only**

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<tr>
<th>Account Updated by:</th>
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<thead>
<tr>
<th>Date Account Updated:</th>
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