

TO: All Students

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SUBJECT: IT Access

Prior to the start of your rotation, you **MUST** fax both of the following forms to **1-866-634-8489**.

Clinical Access Authorization Form – Signed by your Preceptor

Confidentiality and Security Agreement – Both pages

We will do our best to get you access as soon as possible.

If you have any questions you can contact us via phone or email.