

Pyxis Access Request Form

Instructions: To establish Pyxis Access for new users the employee's Manager or Supervisor should complete form and submit a copy of Learning Link certificate. Users will only be granted access to the Pyxis in the areas where they commonly work as designated by the unit manager. Supplemental staff including float pool nurses, are granted temporary access by the Manager or Supervisor for that area.

Nurse/Clinician – Pyxis MedStation ES v1.6 Essentials of Profile Mode must be completed via <https://mybdlearning.litmos.com> and the certificate of completion must be submitted to the Pharmacy with this signed form.

Date: ___/___/___

Employee Name: _____
(Last) (First) (MI)

Facility/Dept: _____ Job Title: _____

Department Manager/Supervisor: _____ / _____
(PRINT) (SIGNATURE)

Manager/Supervisor phone #: _____

Check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Nurse (LPNs, RNs)
<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Float Pool Nurse/Staff
<input type="checkbox"/> Contract Nurse
<input type="checkbox"/> Nursing Instructor
<input type="checkbox"/> Student Nurse | <input type="checkbox"/> Radiology/Nuclear Technician
<input type="checkbox"/> Cardiovascular Specialist
<input type="checkbox"/> Transfer from: _____

Start Date: ___/___/___ Stop Date: ___/___/___
Start Date: ___/___/___ Stop Date: ___/___/___
Start Date: ___/___/___ Stop Date: ___/___/___ |
|---|--|

*****Please Note: If this access is for a Contract Nurse, Nursing Instructor or Nursing Student, a start date & stop date MUST be entered. Management must inform site contact by e-mail if a contract is extended. Otherwise, the user will no longer be active after the stop date entered above.*****

Terms

I, the undersigned, acknowledge receipt of my User Identification Code and agree to the following:

1. My User Identification Code and Personal Password are required for computer system access.
 2. My password may not be disclosed to anyone for any reason.
 3. I will not sign-on to allow another person to use the Pyxis Medstation
 4. I will not access the Pyxis Medstation with any Identification Code other than my own.
 5. If I believe the confidentiality of my Password has been compromised, I will notify my Supervisor and change my password.
 6. I will not release information accessed through the use of my Identification Code to unauthorized persons.
- I understand that violation of any of the above will subject me to disciplinary action.

Student/Clinical Instructor Signature: _____ **Date:** _____

Completed forms should be submitted to: SHELACA BOONE (Raleigh), CHARLENE KOSUT (Cary), JUSTIN GEURINK (North), JOHN FONTENELLE (Brier Creek), MARTHA BROWN (Garner) and PATTY MCIVER (Apex)