IDX COURSE REGISTRATION FORM

*All fields must be completed to ensure gaining proper IDX access

STUDENT INFORMATION

NAME _________________________________  TODAY’S DATE _______________

DEPT __________ NET ID ______ TELEPHONE NUMBER _________

E-MAIL ADDRESS (If none, please indicate ‘NONE’) _______________________________

IS THE STUDENT A (PLEASE CHECK):  IS THE STUDENT A (PLEASE CHECK ONE):
YNHH Employee ___  C&T ___  New User ___  Existing User ___
YSM Employee ___  M&P ___  University Temp ___  Agency Temp ___

SUPERVISOR INFORMATION

NAME __________________________________________

TELEPHONE NUMBER ____________  FAX NUMBER______________________________

DEPT ___________________  E-MAIL ADDRESS _____________________________

SUPERVISOR’S SIGNATURE _____________________________________________________

IDX COURSE TO BE TAKEN:  IDX COURSES ALREADY ATTENDED:
WRITE COURSE DATE ON LINE PROVIDED  Please check all that apply

Customer Service  Customer Service
IDX Account Inquiry  IDX Account Inquiry
IDX Registration Add/Edit  IDX Registration Add/Edit
IDX Scheduling Add/Edit  IDX Scheduling Add/Edit
IDX Scheduling Maintenance  IDX Scheduling Maintenance
IDX TES Charge Entry  IDX TES Charge Entry
IDX Open Referrals  IDX Open Referrals
IDX Payment Posting  IDX Payment Posting
IDX PCS  IDX PCS
IDX Systems Overview  IDX Systems Overview
IDX Monthly Reports  IDX Monthly Reports
EOB Scan/Retrieval  EOB Scan/Retrieval
OpNotes Retrieval  OpNotes Retrieval
IDX ANALYZER I  IDX ANALYZER I
IDX ANALYZER II  IDX ANALYZER II
IDX Charge Entry Workshop  IDX Charge Entry Workshop
IDX Open Referral Workshop  IDX Open Referral Workshop
IDX Scheduling Workshop  IDX Scheduling Workshop
Credentialing Process

FAX COMPLETED FORM TO:  ATTENTION TRAINING DEPARTMENT @ 737-2936
V1.5 5/20/02