Semel Information Service

Research Connect Access Request Form

SemelResCon@mednet.ucla.edu

760 Westwood Blvd. STE# 88-201 Mail Code: 175919. Los Angeles CA: 90024

A. REQUEST FOR RESEARCH CONNECT TRAINING REGISTRATION

Trainees are unable to self-register. Course registration is completed by the Semel Office of Extramural Support upon receipt of this form

CHECK APPROPRIATE BOX:　　☐　NEW APPLICATION　　　☐ ACCESS CHANGE　　☐ INFORMATION CHANGE

(**1**) LEGAL NAME (Last/First/Initial):_____

(**2**) EMPLOYEE ID:_____　　(**3**) JOB TITLE: _____

(**4**) TELEPHONE (Work): _____　(**5**) CURRENT EMAIL: _____

(**6**) HOME DEPARTMENT:_____

(**7**) UCLA IRB NUMBER: _____　(**8**) PRINCIPAL INVESTIGATOR: _____

Identify Requested Training Course:

Limited Build Study Training:

☐　RSCH 225: OnCore Set-up & Maintenance Only

☐　Combination Course: On Core Set-up & Maintenance **+** Basic CareConnect Training for Single Workflow

Full-Build Study Training:

Note: Course registration by study role (individual may have multiple roles)

Roles	Course ID & Title
☐　Research/Nurse Coordinators	RSCH100: ResearchConnect: Fundamentals RSCH215: ResearchConnect: Subject/Patient Management
☐　Fund Managers	RSCH100: ResearchConnect: Fundamentals RSCH160: ResearchConnect: Financial Management
☐　Regulatory Coordinator	RSCH100: ResearchConnect: Fundamentals RSCH210: ResearchConnect: Study Management
☐　Data Manager	RSCH100: ResearchConnect: Fundamentals RSCH215: ResearchConnect: Subject/Patient Management
☐　Director/Manager	RSCH100: ResearchConnect: Fundamentals

PI Approval for Course Registration

Signature: _____　Print name: _____　Date: _____

Please email this form with Section A completed and PI signature to the Semel OES Research Connect Email below for processing:

SemelResCon@mednet.ucla.edu

B. REQUEST FOR SYSTEM ACCESS (post -training)

Certification of Training Completion – Approved Access for the following Research Connect Systems

☐　On Core　　　　　☐　CareConnect

Approval Signature Completed by - Office Of Extramural Support

Signature: _____　Print name: _____　Date: _____