**PELICAN/EPIC**

**TRAINING REQUEST FORM**

Completion & submission of this form is critical to ensuring class(es) is/are scheduled for you based on the training schedule & your projected start date.

Please refer to the ILH Physician’s Course Catalog for more information.

First & Last Name; Last 4 of SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

Contact Email: Personal or Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Manager Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Select One*: \_\_ LSU \_\_Tulane *Select One*: \_\_Faculty \_\_Fellow \_\_Resident \_\_Intern

Specialty/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select **ALL** that apply from the following list:

\_\_\_ Ambulatory/Outpatient \_\_\_Inpatient \_\_\_ Hospitalist \_\_\_OB/GYN Rotation

\_\_\_ Surgery/Main OR \_\_\_Interventional Radiology \_\_\_Cardiac Cath Lab \_\_\_GI/Pulm Proc Lab

The following 4 classes are scheduled based on need. Refer to the Post-Go Live Training Schedule to determine when these classes would be available based on your start date at ILH (alternative dates may be arranged with ***at least 2 weeks’ notice***).

\_\_\_Anesthesia \_\_\_Emergency Department \_\_\_ Pathology \_\_\_ Gratis

If you have prior EPIC training, please list the class(es)/application(s) below, as well as at what facility. Allow at least 2 weeks for verification of prior training. Please use the back of this form or additional paper if additional space is required. Upon verification of prior training in EPIC 2010, 2012, or 2014, you may qualify to complete a 2hr EPIC Experienced Physician class.

EPIC Courses Completed Name of Facility

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email completed form to: HCSDEHRTraining@lsuhsc.edu or Fax to: 504-903-5159

NOTE: PELICAN account activation takes ~ 24-48hrs from the last day of EPIC training completion. Please plan & schedule training accordingly to allow time for activation based on your first day of work at ILH.