

Mary Washington Healthcare EMS BD Pyxis Med Station Access Request Form

Last Name: _____ (please **PRINT** clearly)
First Name: _____ Middle Initial: _____
Virginia EMS Certification # _____ Last 4 SSN: _____
EMS Agency: _____ (No Abbreviations Please) DOB: _____
Supervisor: _____ (Print Name) Supervisor Phone #: _____
Also a Hospital Employee?: _____ MWHC Employee ID #: _____

PLEASE CHECK AT LEAST ONE BOX IN **EACH** COLUMN

County : (check all that apply)

- Caroline
- Colonial Beach
- Fredericksburg
- King George
- Orange
- Quantico
- Stafford
- Spotsylvania
- Other _____

Job Description: (check one)

- EMT - Paramedic
- EMT - Intermediate
- EMT - Enhanced / AEMT

Date of ALS Release by OMD / REMS: _____

Provider Signature: _____

E-mail Address: _____

Provider Contact Phone Number: _____

Provider must also complete and sign a MWHC System Access Request form and Confidentiality & Security Agreement. A link for these online forms will be sent to your email. EMS users must also complete the required BD Pyxis and Med Access Training Modules before issuance of new log in.

RETURN COMPLETED FORMS TO:

Christina Rauch, EMS Coordinator
Emergency Services
Mary Washington Healthcare
christina.rauch@mwhc.com
(Email or Fax to 540-741-1720)

Internal Use Only

NCE/Supervisor/Manager Signature: _____

Printed Name: _____ Date: _____

Once authorization verified by EMS Coordinator, signed forms will be submitted to IS Department for account activation. EMS provider will receive N number and Password from EMS Coordinator.