First Name: * ___________________________ Middle Initial: _____

Last Name: * ______________________________

NPI: * ___________________________ (If provider)

Email: * ________________________________

Phone: * ________________________________

*ALL FIELDS REQUIRED
I am responsible for the confidentiality of my user name and password. I acknowledge that disclosure to any other person is unauthorized and I am aware this information is to be kept confidential and any violation of this policy will also be subject to disciplinary action, as outlined in the UNMC Policy for Responsible Use of University Computers and Information Systems.

User Signature: * ________________________________

Authorized By: * ________________________________

Signature: * ________________________________

Date: * ________________________________

Authorized Clinic(s): * ________________________________

Program: * ________________________________

EMAIL THIS FORM TO RPSInterfaceSupport@unmc.edu or fax to 402-559-4799. 
YOU MAY CONTACT CLIENT SERVICES AT 402-559-2440 OR TOLL FREE AT 866-290-1406.

Note: The NPHL System Administrator requires creating a password consisting of 12 characters to include: 1 uppercase, 1 lower case, 1 number, and 1 special character.