

Keck School of Medicine of USC

USC Electronic Resources Account Application for USC Affiliates Seeking REDCap Use Only

These accounts are provided by USC's Information Technology Services and are available to USC Health Sciences affiliates only. Please provide all requested information. Incomplete or inaccurate applications cannot be processed. **Accounts are automatically created for USC registered students and USC employees. Please include a memo from your department stating your position and reason why you need USC electronic resources.**

Helpful Tips

- The institution should be the site your are collaborating with, not the site you are from
- Service Requested should be REDCap only
- The start date should be the day you start on the project and the end date no more than 12 months from the start date
- Sponsor information can be found on page 2

INSTITUTION	AFFILIATION	SERVICES REQUESTED
<input type="checkbox"/> KECK SCHOOL OF <input type="checkbox"/> LAC+USC MEDICAL CENTER <input type="checkbox"/> DOHENY EYE INSTITUTE <input type="checkbox"/> SCHOOL OF PHARMACY <input type="checkbox"/> USC HOSPITALS <input type="checkbox"/> CHLA <input type="checkbox"/> OCCUPATIONAL THERAPY <input type="checkbox"/> PHYSICAL THERAPY <input type="checkbox"/> USC INSTITUTE _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Affiliated Organization Employee <input type="checkbox"/> Fellow <input type="checkbox"/> Outside Contractor <input type="checkbox"/> Post-Doc Fellow(CHLA Only) <input type="checkbox"/> Resident/Intern <input type="checkbox"/> Temporary Agency Staff <input type="checkbox"/> Vendor <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Visiting Student <input type="checkbox"/> Voluntary Faculty <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	USCard <input type="checkbox"/> Email <input type="checkbox"/> USC Portal <input type="checkbox"/> Blackboard <input type="checkbox"/> VPN <input type="checkbox"/> Library Resources <input type="checkbox"/> White Pages Listing <input type="checkbox"/> ITS Software Distribution <input type="checkbox"/> lynda.com <input type="checkbox"/> Hospital Exchange RedCap <i>Service details are listed below.</i>

Last Name*:	First Name*:	Middle Name:
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USC Start Date*:	Date of Birth*:
USC Departure Date*:	Department*:
Home Address*:	USC 10 Digit ID (if applicable):
	Non-USC Email Address*:
	USC Email Address (if applicable):
Home Telephone*:	Campus Telephone:

***Required Fields**

To be eligible for these USC services, your application must be signed by the authorized sponsor. See below for additional information about sponsors. Other criteria may also be required.

Your signature below indicates that you agree that this account is needed to conduct clinical, educational, or research efforts for USC, and you agree to read and abide by university computing policies. Policies can be viewed online <<https://policy.usc.edu/technology/>>. Your application must be signed by your authorized sponsor.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Sponsor's Signature</i>	_____ <i>Date</i>
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These accounts are provided as a courtesy for conducting USC business only.

Sponsor's Name (please print)

Department Justification (**REQUIRED**):

Sponsor Instructions for REDCap Applicants Only

Sponsorship for CHLA Users and CHLA Affiliated Users - please send this form with justification to: Jesse Castro - jcastro@chla.usc.edu Requests submitted elsewhere will be denied.

Sponsorship for USC Guest Collaborators and other USC Affiliated Users - please complete this form and request that your USC study PI facilitate sponsor sign off from their Home Department Coordinator or Department Chair. Once signed, please send this form with justification to ksomivip-l@usc.edu. Please address follow-up questions to ksomivip-l@usc.edu.