

VelosCT USER & ACCESS REQUEST FORM
Research Information Systems

Date: New User Edit Existing User

System Request:

Name: Position:
Dept./Section: Phone: (617) -

For ease of system access, please provide your BMC username and email. If you do not have a BMC username, please provide your work email:

BMC Username:

Email:

VelosCT Role:

- Study Coordinator
- Administrator
- Research Nurse
- PI
- Non-System User
- Other

If other, please specify:

I attest that I have attended the VelosCT Training Program

Print Name & Title

Date

Note: Please send completed form to Research Information Systems (RIS@bmc.org) via email. Once access is granted, please work with the study team(s) to become added to the specific study(s) you need access to.

RBI/CTO Use Only:
 VelosCT Training Completed
 VelosCT Training Attestation Checked
 Added to VelosCT Security Group
 Confirmed user is only granted role requested in VelosCT
 Notified User of VelosCT Access