Automated Dispensing System (ADS) User Privileges

SEND COMPLETED FORM TO MBMC EMAIL:

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ADS USER ID#

Baptist Employee = 6-digit BOT number given
Non-Baptist Staff (e.g. travel/contract/student) = first 3 letters of LName (uppercase)+last 4 numbers of SSN

Last Name	First Name {no nicknames}	MI

Position: [enter LETTER from this list]

Assigned Area: [enter LETTER(s) from this list]

A. Nurse A – Staff RN/BSN
B. Nurse Administrator (Director, Manager, Supervisor)
C. Nurse B – Instructor
D. Nurse C – Extern
E. Nurse Practitioner – ED ONLY
F. Anesthesia Provider
G. Anesthesia Student (inactive date _____)
H. Anesthesia Tech
I. Respiratory Therapist
J. Radiology Tech

A. Emergency Dept
B. Critical Care (includes ICUs)
C. Medsurg (includes 1N-6D)
D. Women & Baby (includes PEDS, Nursery, LD, 4S NICU)
E. Surgical (includes all surgery areas, SDS, PACU)
F. Radiology
G. Procedural (includes CATH, GI, OPCvr, OPClinic, CancerInfus)
H. Dialysis
I. Respiratory (access to all ADS with respiratory quadrant)
J. Anesthesia
K. Float Pool (includes full access to all ADS throughout the hospital)

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1) **New Users: changing your initial password + fingerprinting is mandatory for access;**
2) **Fingerprint Registrar: please assist new users with password change and fingerprinting;**
3) **Initial "old" password is automatically set to:**

Pass123!{+}First four (4) ADS User ID characters <UPPERCASE if letters>

Automated Dispensing System Password Verification Statement

New Users: Please read below and sign to verify that you have read and understand the following statement:

I understand that in combination with my username, my password is my electronic signature for all transactions in the system. My username is used to track all transactions on the system and is permanently attached to those transactions with a time-date stamp. These records are maintained and archived as per the policies of Baptist Memorial Health Care Corporation and Mississippi Baptist Medical Center and are available for inspection by the Drug Enforcement Agency and other regulatory agencies. I also understand that to maintain the integrity of my electronic signature, I will not give this password to any other individual. I will change my password every 90 days or as needed to ensure the integrity of my electronic signature.

Staff Signature: _____ Date: _____

Access Authorized by: _____ Phone: _____

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