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| \\epic.com\files\docs\ADMIN\Marketing\approved Epic logos\small Epic logo black (transparent BG).png Application for Access to Epic Software |
| **Application Instructions** |
| * This application is the first step in requesting access to Epic software and related information for the purpose of supporting an Epic customer. * Epic will use the information you provide in this application to better understand the work you intend to perform for our mutual customer, as well as what type of access to Epic may be most appropriate for such work. * In order for your application to be processed in a timely manner, you must complete all questions as directed. Average processing time is 4-6 weeks. Failure to fully complete the application will result in delays. * Should you have questions regarding this application, please contact the Epic Consultant Relations team at 608-271-9000 or at the email address below.   **Please return your completed application to:** [**consultantinquiries@epic.com**](mailto:consultantinquiries@epic.com?subject=Consultant%20application%20for%20access%20to%20Epic%20software) |

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| **Contact Information** | | | |
| **Company name:** (List the official, legal name of your direct employer, including Inc., LLC, Corp., etc. If you are an independent consultant, please list your full legal name.) | | | |
| **Principal business address of firm:** (If you are an independent consultant, please list your primary mailing address. A complete mailing address is required for all consultant agreements.) | | | |
| **City:** | **State:** | | **ZIP Code:** |
| **Your name:** | | **Your phone number:** | |
| **Your email address:** | | **Company website:** | |

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| **COMPANY INFORMATION** |
| **Please provide a comprehensive summary of your company’s service offerings:** |
| **Do you develop, license, or resell any software products? If so, please describe:** |
| **Total number of employees at your firm:** |
| **Total number of employees who will need access for this specific project:** |
| **In what countries does your firm have operations?** |
| *(Optional)* **Does your company identify itself as a small business concern?** |

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| **Project Information** |
| **Which Epic customer is this application for?** (If you are currently working with more than one Epic customer, you must complete a separate application for each customer.) |
| **What services will you be providing to this Epic customer?** (Examples: technical support, software implementation, project management, training, process outsourcing.) |
| **By what date do you need access to Epic software? Be specific:** |
| **EMPLOYEE INFORMATION** |
| **Consultants:** Please list the names and positions (including specific duties) of each employee who will need access to Epic software at the customer listed above. Please list any/all location(s) from which each employee will access Epic software:  **Outsourcers:** Please list the number of employees who will need access to Epic software at the customer listed above broken down by position (e.g. 3 contract coders, 10 ROI clerks). Please list any/all location(s) from which each employee will access Epic software   * Employee refers only to direct, W-2 employees of your firm. 1099 employees and other contractors must complete individual applications. * If additional space is needed, please attach a separate spreadsheet.  |  |  |  | | --- | --- | --- | | Employee | Role | Access Location(s) | | *e.g. John Doe* | *Patient account biller* | *Epic Hospital, Verona, WI* | |  |  |  | |  |  |  | |  |  |  | |

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| **EPIC CUSTOMER INFORMATION**  (Provide the name and contact information for an employee of the Epic customer listed above who can verify your role on the project) | |
| **Name:** | **Position at customer organization:** |
| **Phone:** | **Email:** |