Hospital of the University of Pennsylvania

Department of Pharmacy Services

Omnicell® Verification Statement

The User-ID and password for the Omnicell® automated dispensing cabinets will be the same as your Network User-ID and password. Once you arrive to your area, your manager will coordinate your finger print recognition. It is your responsibility to keep your User-ID and password secure. You will be accountable for all transactions performed under this User-ID and password combination. Records of transactions detailed with User- ID and time stamp will be maintained and archived as per policies of the hospital, and will be available for inspection by the Drug Enforcement Agency (DEA), the State Board of Pharmacy, and other regulatory agencies. The pharmacy system managers will be in charge of maintaining the integrity of the system, day-to-day additions, deletions, or changes needed to the system.

Please read the following statement and sign at the bottom to verify that you have read and understand the statement regarding your User-ID.

I understand that this will be my electronic signature for all transactions in the Omnicell®.
*I understand that to maintain the integrity of my electronic signature, I **MUST NOT** give my network credentials to any other individual.*
I understand that I must not attempt to acquire other employee network credentials.
I understand that violating network integrity will result in disciplinary action, up to and including termination of employment.

Signature of Omnicell® User	**Date**	**Signature of manager**	**Date**
Print Name of Omnicell® User		**Print Name of manager**	**Contact Number**
Unit/Position			

Manager to complete:
Omnicell® User Knowledge Links Completed (Circle): Yes or No

Please indicate position as listed below: *(Check box below)*

Respiratory Therapy [__]
Radiology [__]
RN/MD Anesthesia [__]
Anesthesia Technician [__]
Nurse [__]
Pharmacy Technician [__]
Pharmacist [__]
Other: _____

*Please submit by email the completed form to Inpatient Pharmacy: HUPPHARMACYSENIOR@uphs.upenn.edu

Pharmacy Use Only:

Entered: ____/_____/_____
By: _____

User Network User-ID:
____I____I____I____I____I____I____ I____ I____