	Pyxis ID/Password Assignment Information
WINDSOR REGIONAL HOSPITAL OUTSTANDING CARE – NO EXCEPTIONS!	**STUDENT NURSES**

Directions: Complete, in full, the following information.   PLEASE PRINT CLEARLY

Student's Information

Last Name: _____   **First Name**:_____

Student Nurse Year: SN1   SN2   SN3   SN4   SN5   SN6   NP

Assigned Unit/Department: _____

Rotation - Start Date (mm/dd/yyyy)**:** _____ & Completion Date (mm/dd/yyyy)**:**_____

Access - Authorized by: _____, Date (mm/dd/yyyy)**:** _____
(Nursing Instructor Print Name & Signature)

STATEMENT

I understand that my ID, in combination with the confidential personal password that I will later select, will be my electronic signature for all of my transactions on the Pyxis Medstation & Rx system patient care record keeping purposes. A time stamp and date will also be affixed to all my transactions. These records will be maintained and archived as per the policies of this Hospital and will be available for inspection should a situation necessitate, as is currently the case with my handwritten records.

I also understand that, to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release or dissemination of this information may subject me to disciplinary action. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and, if deemed appropriate, will immediately report such to my supervisor.

Signature _____ Date (mm/dd/yyyy): _____
(Student)

THIS SECTION FOR PHARMACY USE ONLY

Entered Into Pyxis By: _____   **Date** (mm/dd/yyyy):_____