



Main Line Health

HealthStream Computer Based Training (CBT) Security Request Form

In order to request admin access to the CBT system, please complete and submit this form to: **Nicole Erdlen** (ErdlenN@MLHS.ORG)

Designee's Name:

Designee's Phone (include area code):

Designee's Employee ID (optional):

Please check all that apply. I am requesting the following access:

	Role	Function
X	Staff Supervisor	Oversees learning progress of direct reports and handles class registration

Please list the MLH Business Unit/Hospital and departments that your designee will need access to (if you need to list additional departments, please use the back of this form):

Business Unit / Hospital	Department Cost Center	Department Name

CBT Administrative Use Only:

Request Complete: _____ Date: _____
