

ClinicalConnect Training Support Inquiry Form

After you've considered the training resources already readily available to you and your ClinicalConnect users, if you require further assistance to incorporate the material into your existing training approaches, please complete and submit the following form.

Please complete the following fields:

Participant Organization's Legal Name	
Your First Name	
Your Last Name	
Your Phone Number	
Your Email Address	
Your Job Title	
Your Role (with respect to your Organization's participation in ClinicalConnect)	
Today's Date	

Information about the organization you represent:

Health Information Custodian (HIC) Type	
Are physicians on staff/Agents of your organization?	
How many ClinicalConnect users does/will your organization have when fully provisioned?	
Does your organization have a Learning Management System (LMS)?	
Are you interested in gaining access to ClinicalConnect's Training Environment?	
What methodologies do you use to train staff for other systems required to perform their duties at your organization? (select all that apply)	

Please describe the type of additional support you're looking for, including how you feel this support will benefit your ClinicalConnect user community.

If you indicated you're interested in gaining access to ClinicalConnect's Training Environment, please provide information about whether you have ClinicalConnect trainer(s)/champion(s) already in place, and how you envision leveraging the training environment as part of your in-house model.

Click submit below to send this form and a representative of the ClinicalConnect Program Office will follow up with you.

SUBMIT