

EMR CARELINK ACCESS  
(Research Allied Health)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Requesting CareLink (Note: CareLink is renewed annually)

Please provide the following information:

Address:

\_\_\_\_\_

Phone #

\_\_\_\_\_

Email

\_\_\_\_\_

Is a Queens email needed?

Yes

No

Currently has CareLink. Expiration date (if known) \_\_\_\_\_

Does not need CareLink