**Duke ClinCard System**

**Site Administrator Request Form**

The purpose of this form is to assign or remove Site Administrator roles for the Duke ClinCard System. All users must complete appropriate training in the LMS prior to the form being submitted. Training should be coordinated through your Business Manager. Department or Division Business Manager approval and signature are required.

**Role Description**

Site Administrator – Manages the overall ClinCard process for the department. Submits requests to setup studies, milestone payments, site coordinators and site approvers in the Duke ClinCard System. Assign users to ClinCard training. May request and maintain Duke ClinCards, including a tracking log associated with the cards.

Department Name

Division/Cluster (required - if applicable)

Add

Remove

Effective Date

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| --- | --- | --- | --- |
| **Name** | **Duke Unique ID** | **Date Training Completed** | **Proof of Completion Attached** |
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Requestor Name Requestor Signature Date

Authorized Name and Title Authorized Signature Date

Please submit this completed form to Employee Travel and Reimbursement at [ClinCard Requests@duke.edu](mailto:ClinCard%20Requests@duke.edu).