Date: Wednesday, April 12th, 2010
To: __________________________________, Proposed System Owner and Operator
From: F. Bruder Stapleton, M.D.
Professor and Ford/Morgan Endowed Chair in Pediatrics
RE: Computing Device System Owner / Operator

Please complete this form to confirm your intent to serve as: (check one only)

☐ System Owner
☐ System Owner and System Operator
☐ System Operator

You will be responsible for the following system of computing devices: (check one and describe)

☐ Location(s) of Computing Devices _________________________
__________________________________________________________________

☐ Computers in use by Division / Section / Program______________
__________________________________________________________________

☐ Computers used primarily by Faculty / Staff members__________
__________________________________________________________________

You are required to take UW Medicine’s System Owner / System Operator training before you can become a System Owner or Operator. List the date you completed the required training:
________________________, 20_______.

You must report all computing devices in your system in the Department of Pediatrics Computing Inventory.

You agree that you will ensure communication with the Department of Pediatrics IT Manager regarding changes to your system of computing devices, so that the computing device inventory may be kept up to date.

Signature:_________________________________________________ Date:_________

cc: Director of Finance and Administration, Pediatrics
IT Manager, Pediatrics
Pediatrics Central Administration IT Group: pedcomp@u.washington.edu, 206-543-PEDS