

Associate Identity Request Form – Instructional Guide

AIR form can be accessed at <https://air.kaleidahealth.org/>

1. Review the Demographic Information and hit proceed. **Please note the timeframe between approvals.**

Associate Identity Request Form (A.I.R.) Check Status of AIR Request

Demographic Information

The Associate Identity Request Form (A.I.R. Form) is used to validate information about a user from a Kaleida Health Partner. When the A.I.R. form is received, CyberSecurity will submit the request to the Partners Organization Approver for approval and to the Kaleida Health Manager for approval. Upon approval, the user will receive a Kaleida Health "Associate" number. The "Associate" number will entitle the user to certain resources within Kaleida Health.

AIR Requests have to go through the following steps in order to be approved to access Kaleida Health systems.

Step 1: Organization Approval - your company manager has to approve the request.
Estimated Timeframe 1 - 14 days depending on time taken to approve request.

Step 2: Kaleida Manager Approval - an individual or point of contact who you work with at Kaleida Health has to approve your access request.
Estimated Timeframe 1 - 14 days depending on time taken to approve request.

Step 3: The request will be sent to our Human Resources system for processing and account creation.
Estimated Timeframe 1 - 2 days.

We are diligently working to process AIR Requests as quick as we can but at any point in the approval process we may have to verify demographic information which could result in longer processing times in order to fully approve access.

If you need assistance, please contact the Kaleida Health the Service Desk at (716) 859-7777.

Proceed

2. Fill out the demographic information section with your information
 - a. Note that personal emails using domains such as @gmail.com, @outlook.com, @yahoo.com, etc. will not be accepted. Please use your organizations email address

Associate Identity Request Form (A.I.R.) Check Status of

Demographic Information

First Name

Middle Initial If no middle initial, please check this box

Last Name

Suffix (optional)

Last four digits of SSN If you do not have a SSN, please call the Service Desk at (716) 859-7777 as this information is used for validation purposes.

Date of Birth

Primary Email

Primary Phone Number

Next

3. Select your organization/institution from the drop down list
 - a. If your organization is not listed, please select **Organization Not Listed**

- i. Please fill out the additional information for your organization ii.
- Note that new organizations will require additional time to onboard

4. Enter your current job title
 - a. Note: this is for informational purposes only
5. Select the appropriate personnel from your organization that will be approving your request and receive a link to their email to validate you work for your organization.
 - a. If the current organization approver is no longer with your organization or you wish to add a new approver, click **New Organization Approver**
6. Click Next

The screenshot shows the 'Organization Information' section of the Associate Identity Request Form (A.I.R.). The header is dark blue with the text 'Associate Identity Request Form (A.I.R.)' on the left and 'Check Status of AIR Request' and the Kaleida Health logo on the right. The main content area is white with a light blue background. It features a dark grey header for the section. Below the header, there is a dropdown menu for 'Organization/Institution' with the text 'Choose an Organization'. Below that is a text input field for 'What is your job title?'. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

7. Enter your Department and Job from the available selections that best match your job duties
8. Enter an access required date (date that you will start) and an end date for your access.
 - a. Note: You will receive access for no more than a 24 month period.
9. Please do not request access through the additional notes, they are not reviewed. Click Next.

The screenshot shows the 'Kaleida Health Details' section of the Associate Identity Request Form (A.I.R.). The header is dark blue with the text 'Associate Identity Request Form (A.I.R.)' on the left and 'Check Status of AIR Request' on the right. The main content area is white with a light blue background. It features a dark grey header for the section. Below the header, there is a question 'Will you be working in a Kaleida Health Facility?' with radio buttons for 'Yes' and 'No'. Below that is a dropdown menu for 'What best describes the department you will be interacting with at Kaleida Health?' with the text 'Choose a Department'. Below that is another dropdown menu for 'What best describes the role you will be fulfilling as you work in partnership with the Kaleida Health network?' with the text 'Choose a Job'. Below these are two date input fields: 'Access Required Date' and 'What is your End Date?', both with the placeholder 'mm/dd/yyyy'. At the bottom is a text input field for 'Additional Notes'. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

10. Complete the IT Agreement and review the statement at the bottom.
11. Complete the Captcha and click submit
12. You will receive an email with your AIR request number to the email address you provided in the AIR form.
 - a. You can check the status of your AIR form any time via <https://air.kaleidahealth.org/status.php> or clicking “Check Status of AIR Request” on the AIR form page.
 - b. Once the AIR request has been approved by all levels, you will receive an email with your Kaleida associate ID and additional information on how to access Kaleida Health. Email subject line: “Welcome to Kaleida Health”. Please check junk mail to make sure you have received the email from Kaleida Health.