

myUNM Health Password Reset Information Form



Provider Portal Account Request Supplementary Form

Section 1: Required Information (to be completed by providers and staff requesting access)

Last Name _____ First _____ Middle _____ Suffix _____

Date _____

Title _____

Business Email _____

Practice Name _____

Practice Division/Department/Service _____

Practice Street Address _____

Practice City _____

Practice State, ZIP _____

myUNM Health Provider Portal Password Reset Profile:

Please select at least two security questions to answer. This information will be stored securely and will only be used to verify your identity when contacting the UNM Health System Technical Support Center/Service Desk via telephone (i.e. to re-issue your user ID or reset your password). We will be unable to reset passwords over the phone without this information.

Last five digits of your driver's license number? _____

Oldest sibling's birthday month and year? (e.g., January 1900) _____

A phone number you had as a child? _____

Your spouse or partner's mother's maiden name? _____

The full name of your favorite childhood friend? _____

Your oldest cousin's full name? _____

Your oldest sibling's middle name? _____

What school did you attend in 6th grade? _____

Name of your favorite childhood teacher? _____

Your library card number? _____