## REQUEST FOR PHOTO IDENTIFICATION BADGE

All information must be completed and have required signatures.

Check One: □Original Issue □Lost Badge □Damaged Badge □Change Information □Change Access Level			
Badge Type-Check One:  □Staff □SRH Physician □Physician □ Vendor-Non Clinical □Vendor-Clinical □Affiliated Staff □Clinical Agency □Volunteer □Contractor □Clergy □Student Intern □Student Clinical □ Faculty  (See reverse side of form for badge type descriptions)			
PLEASE PRINT ALL INFORMATION			
I. D. BADGE			
EMPLOYEE ID NUMBER  DATE OF BIRTH  EXPIRATION DATE			
NOTE: EXPIRATION DATE WILL BE FOUR (4) YEARS FROM NEXT BIRTHDAY. ALL EXPIRED BADGES			
WILL BE DEACTIVATED SEVEN (7) DAYS AFTER EXPIRATION DATE			
PREFERRED NAME PROFESSIONAL CREDENTIALS			
FIRST NAME MIDDLE NAME OR INITIAL LAST NAME			
<u> </u>			
NOTE: MUST USE LEGAL NAME AS IT APPEARS ON SOCIAL SECURITY CARD			
DEPARTMENT (IF YOU WORK IN MULTIPLE DEPARTMENTS, PLEASE LIST. NURSING CATEGORIES LISTED BELOW)  DEPT #			
NURSING DEPARTMENTS: 3TV/3TO/4T 5T/6T/7T/8T/BHS ICU/CCU/CICU ECC WC/NICU/PEDS NURSING ADMIN			
COMPANY NAME (NON-EMPLOYEES)			
POSITION/TITLE (EMPLOYEES & NON-EMPLOYEES)			
ACCESS TO RESTRICTED AREAS REQUIRED: YES NO SYMBOLS REQUIRED: YES NO			
LDRP/NICU *ROCKING HORSE			
PEDS *TEDDY BEAR PHARMACY			
CLASSIFIED PHARMACY * NOTE: MUST BE APPROVED BY			
INFORMATION TECHNOLOGY SENIOR V.P. & CNO STORAGE/SUPPLY ROOM			
I have read, understand, and agree to abide by the Photo Identification Badge Policy of Self Regional Healthcare.			
I understand that I will be charged ten dollars (\$10.00) for a replacement badge for each lost or misplaced badge.  I also understand that ID badges are the property of Self Regional Healthcare. I agree to return my badge at the			
conclusion of my employment with Self Regional Healthcare. I also understand that there will be a \$10.00 fee if I fail to return my photo ID badge at the end of my employment.			
rail to return my photo ום badge at the end of my employment.			
Date Signature of ID Applicant			
Date Signature of Dept. Mgr. or Designated Mgr.			
Name of Dept. Mgr. & Dept. Phone Number *Signature of Sr. VP & CNO DATE			
TO BE COMPLETED BY HR DEPT:  OLD BADGE # (if applicable)  NEW BADGE #			

## **BADGE TYPE DESCRIPTIONS**

Badge Type	Description	Badge Form Issued By:
Staff	All SRH employees	Department Manager
(Blue)	SRH Physicians	Medical Staff Office/
	at ad ed	Administration
	MCFM Residents (1 <sup>st</sup> year, 2 <sup>nd</sup> year, 3 <sup>rd</sup> year)	MCFM Director
	Travelers (providing direct patient care)	Department Manager
	Contracted security guards	Security
Physician	Private practice physicians with SRH privileges	Medical Staff Office
(Green)		
Vendor-Non Clinical	Sales representatives	Materials Management
(Orange)	Insurance brokers or representatives	Materials Management
	Pharmaceutical representatives	Materials Management
	(Note: Never assists with patient care)	
Vendor-Clinical	Sales/company representatives that go into OR,	Materials Management
(Yellow)	cath lab, radiology, etc.	Materiale Management
	(Note: Assists with procedures within specific clinical area)	
Affiliated Staff	CRNA's, 1 <sup>st</sup> Assistants, NP's, PA's	Medical Staff Office
(Lime Green)	Surgical techs	Operating Room Director
(Line Green)	Physician's office staff needing access to OR	Operating Room Director
	1 Hysician's office stall fleeding access to Orc	Operating Room Director
Clinical Agency	Consultants to assess patients for nursing	Medical Social Work
(Hot Pink)	homes, Hospice, etc.	
	EMS	Security
	Medical equipment & supplies for patients	Materials Management
	(Parrish Medical, etc.)	
Contractor (Gray)	Contractors (not providing direct patient care)	Department Manager
Community (Cruy)	Community and particularly	
Clergy (Brown)	Area Ministers	Chaplain's Office
Volunteers (Mauve)	Volunteers	Volunteer Services
()		
Faculty	Faculty – Instructors	Nursing Administration
Student Clinical	Clinical students (Nursing-RN, LPN, Surg Tech)	Nursing Administration
Student Clinical	Clinical students (Respiratory Therapy, Radiology)	Department Director
Student Clinical	Student interns	Department Director

\*ALL ID BADGE REQUESTS MUST BE SIGNED BY SUPERVISOR OR DEPARTMENT MANAGER
\*ALL ROCKING HORSE AND TEDDY BEAR SYMBOLS REQUIRE APPROVAL BY SENIOR VP/CNO

PLEASE CALL HUMAN RESOURCES AT EXTENSION 4165 FOR ASSISTANCE WITH ANY QUESTIONS YOU HAVE REGARDING ID BADGES.