

IDENTIFICATION BADGE AND SECURITY ACCESS APPLICATION

In order to process your request for an ID badge and provide the appropriate security access; please answer all of the following questions, obtain appropriate approval, and submit this completed form to BMC or JMC Security for processing. If a question does not pertain to you, acknowledge by indicating N/A in the blank.

Indicate type of badge requested (place check beside appropriate box).

- Employee
Volunteer
Tenant (includes office staff and physicians)
Resident
Student or Instructor
Contractor
EMS
Fire Department
Police Department

Vehicle #1: YEAR MAKE/MODEL COLOR LICENSE NUMBER STATE
Vehicle #2: YEAR MAKE/MODEL COLOR LICENSE NUMBER STATE

Vehicle Registration (Required)

General Information: Section A
(Print legibly)

NAME: EMPLOYEE ID:

TITLE:

NAME TO BE PRINTED ON BADGE:

DEPARTMENT MANAGER: (Instructor) DEPARTMENT #:

PROFESSIONAL DESIGNATION (Physicians only):

SPECIALTY TO BE PRINTED ON BADGE (Physicians only; Surgeon, Pediatrician, etc.):

SCHOOL NAME (BMC, JMC, UHP, contractor, vendor, EMS, fire, Police only)

UNIT NUMBER (EMS, Fire, Police only):

COMPANY ADDRESS:

COMPANY TELEPHONE NUMBER:

WORK (SCHOOL) EMAIL:

HOME EMAIL (optional):

Employee and volunteer access is determined by home department: any variation requires approval by department manager.

All Authorizations require department manager approval (See section B)

Allison Flynn MSN, RN -Student Affiliation Coordinator

Name Title Date
Nurse Educator

Name Title Date

I, understand that I am responsible for the safekeeping of my identification badge. If I should lose my badge, I will contact the BMC or JMC Security immediately and request that the badge be voided. A replacement cost of \$10.00 per badge or \$25.00 per key fob will be required at the time of replacement (cash only).

Signature Date

EMERGENCY CONTACT INFORMATION -

NAME (LAST, FIRST) TELEPHONE NUMBER
RELATIONSHIP MOBILE (CELL) NUMBER
NAME (LAST, FIRST) TELEPHONE NUMBER
RELATIONSHIP MOBILE (CELL) NUMBER

**Security Use Only**

**Parking Permit Sticker Number:** \_\_\_\_\_ / \_\_\_\_\_ **Encoded Card Number:** \_\_\_\_\_

**Name of Officer/Technician Issuing Badge:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACCESS LEVELS (circle area and applicable facility)**

- |                                |                             |                            |                         |
|--------------------------------|-----------------------------|----------------------------|-------------------------|
| Hospital General (JMC or BMC)  | Dorothy A. McCormack Center | BMC NICU                   | BMC MOB-3 Suit 110      |
| BMC or JMC Housekeeping        | JMC Loading Dock            | JMC SCU                    | BMC MOB-3 Lab-Radiology |
| BMC or JMC EMS/Fire/Police     | JMC Radiology Corridor      | BMC ICU                    | BMC / DAMC Pharmacy     |
| BMC Administration             | JMC Rear Corridor           | BMC Master                 | BMC Security            |
| BMC or JMC IT                  | JMC Kitchen Double Doors    | BMC or JMC ER Registration | BMC Physician File Room |
| BMC or JMC ER                  | BMC Materials Management    | BMC MOB-1                  | WVU-HS Staff            |
| BMC Facilities                 | BMC or JMC OR               | BMC MOB-3 Main Doors       | WVU-HS Student          |
| BMC Gateway                    | BMC or JMC OB               | BMC MOB-3 Suit 105         | WVU-HS HIM              |
| BMC 4 <sup>th</sup> Floor PEDS | BMC CATH Lab - Staff        | BMC Gift Shop              | WVU-HS Accounting       |
| BMC Wound Care                 | BMC CATH Lab - Visitor      | BMC Contractor             | WVUH-EAST- DAMC         |
| BMC IR – Staff                 | BMC IR - Visitor            |                            |                         |

**Revised 03/16**