UNIVERSITY of VIRGINIA HEALTH SYSTEM

ID SERVICES

IDENTIFICATION BADGE APPLICATION - HEALTH SYSTEM POLICY # 0004

NOTE: Applicant **must** provide a form of photo ID such as driver's license, passport, etc. in order to obtain Health System ID badge

Reason for Submitting ID Badge Application (check one):
☐New Employee ☐New Student ☐Traveler ☐Temp Emp ☐Other _____

Agency ☐Dual Employee ☐Uva Health System ☐University ☐HSF ☐SON ☐SOM ☐Environmental Svcs
☐Nutrition Svcs ☐Uva Imaging ☐Other _____

☐Replacement Badge (check one):
☐Change in information (job, dept, credentials, legal name change.) You **MUST RETURN** current ID Badge to ID Services along with completed Identification Badge Application form or else the replacement fee will be $20.
☐Lost or Damaged Card ($20 fee required, payable in East or West Cafeteria. Attach receipt to this completed form.)

☐Limited Term (Temporary) ID Badge:
☐Employee reported to work without an ID badge – sent by supervisor ($5 fee required, payable in East or West Cafeteria. Attach receipt to this completed form.)

☐Visiting faculty, student, or other official guest of Uva Health System ENDING **DATE** _____

☐Other (non-photo ID badge for special events, short-term guests, pre-arranged tours, etc)
ENDING DATE _____

Applicant Information (Please print legibly):

LAST NAME_____ **FIRST NAME**_____ **MI**_____

Employee # (Medical Center = 5 digit or University = 6 digit) | | | | | | |

University ID # (NOTE: NOT SSN) | | | | | | | | | |

E-mail Logon ID _____

Credentials or Licensure Information _____ **Licensure Expiration Date** _____
(Example: R.N., LCSW, M.D. (limit of 4 credentials/licensure information per badge)

Applicant's Job Title:

| | | | | | | | | | | | | | | | | | | | | | | | |

Department:

| | | | | | | | | | | | | | | | | | | | | | | | |

Applicant's Signature _____ **Date**_____

TO BE COMPLETED BY MANAGER/SUPERVISOR

Printed Name _____ **Phone**_____

Department_____

Signature_____ **Date**_____

Rev: 01/23/2008