Identification badges are an important part of each facility's security program. Regulatory agencies also mandate that patients have a right to know the identification of their caregivers; therefore, ID badges must be clearly displayed at all times. Employees and long-term vendors/non-employees are required to wear their badges when on duty and to display them so that the badges can easily be seen and the individual's photograph and name are clearly visible and easily read.

Nonemployees* are defined as follows:
- Students
- Clinical Instructors

For students/faculty, an ID request form (see attachment) is to be submitted by the Clinical Affiliation for each faculty and student assigned to participate in a clinical rotation at Chilton.

- The form must be e-mailed three weeks prior to start of clinical rotation.
  - The form will only be accepted electronically (via e-mail).
  - E-mail to: csmith@chiltonhealth.org - Carnette Smith, MS, RN Clinical Affiliation

The following information (ID Request Form) is required to be submitted three weeks prior to the issuance of an ID Badge and/or Meditech Access.

- Non-employee (Student/Faculty) name
- Social Security Number
- Reason for issue: (Clinical Rotation on _________ (name of unit assigned)
- Sites that the non-employee (student) requires access to (unit assigned to)
- Affiliation's Name
- Chilton Hospital Representative's name: Carnette Smith, MS, RN, Clinical Educator, Education Department
- Start date that the non-employee (faculty/student) will be on site
- End date of the rotation. This date is the expiration of the ID Badge and Meditech access

Criminal Background Checks are required yearly for faculty and every semester for students.

- Acceptable proof of a satisfactory background check is defined as: correspondence from the Clinical Affiliation Program Administrator on official school letterhead and signed by the appropriate individual (email correspondence is acceptable) advising that the student(s) has no criminal conviction history, or if they are a non-US citizen/foreign national, that their VISA, Passport, etc. is authentic and are in the United States legally. Any findings of a criminal conviction or pending criminal charges must be reviewed by the Director of Security and Protection Services and/or the Chilton Hospital Site Manager of Security and Protection Services for clearance.

Upon receipt of the completed form via e-mail, the faculty/student will be required to schedule an appointment with Chilton's Security Department for his/her photo and to obtain the ID Badge. Computer passwords and access will be granted at that time to faculty/students.

Failure to comply with Chilton's Security Policy and Procedure could result in a delay and/or denial of the clinical rotation for that time frame.
Process time for ID badge may take up to 2 weeks.
The sponsoring department head or supervisor must either interoffice mail or email this form to Total Compensation, Box # 802 (HRTC@atlantichealth.org). The form may be typed or written (please print clearly), and all fields must be completed. Please submit request before coming to Security for a photo to expedite the process.

REPLACEMENT BADGE FEE IS $25.00 (non-refundable).
ID questions or status can be directed to the Security Department at each site at the phone numbers above.
•% Department Heads and Security Personnel should contact the Total Compensation Line with questions at 973-660-3521.

PLEASE ENTER THE INFORMATION BY COMPUTER, TYPE OR PRINT CLEARLY- ILLEGIBLE FORMS WILL BE RETURNED

<table>
<thead>
<tr>
<th>Date of Request:</th>
<th>Shift Vendor! Non All Employee will require access to site:</th>
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<tbody>
<tr>
<td>Vehicle Info:</td>
<td>License: State: Make: Model: Color:</td>
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**NON-AN EMPLOYEE INFORMATION**
(STUDENTS AND FACULTY)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>CREDENTIALS (MD, RN, ETC)</th>
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<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>TITLE:</th>
<th>SCHOOL</th>
<th>STUDENT/FACULTY PHONE #</th>
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<th>PROGRAM</th>
<th>CONTACT PERSON</th>
<th>PHONE #</th>
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CCHNISA CLEARGANCE RECEIVED FROM THE NON-AN EMPLOYEE HR DEPARTMENT? 0 YES; 1 NO.

CH Dept Head or Supervisor Name: ___________________________
CH Dept Head or Supervisor’s Signature: _____________________