

Please bring the following completed forms to the Regional Health Help Desk to have your badge processed.



Date of Badge Request: _____

Reason for Request:

- New Badge or Badge Renewal
- Lost or Stolen (\$10.00 Charge)
- Name or Credential Change
- Title or Department Change

Requestor's Information:

Last four digits of your Social Security Number: _____

#1 _____ #2 _____
First Name Last Name Middle Name

Line #1 – You may indicate the common derivative of the name you normally go by (i.e., Bob, Ted, Beth, etc.). No nicknames will be allowed. Employees may indicate a middle initial, if they wish. A maximum of 14 characters may be used in this field.

Line #2 – The name shown on your hospital records will be displayed. Employees may elect to have only the first initial of their last name displayed. Supervisory Personnel, Department Managers and Administrators will have their entire last name displayed.

Line #3 – Please select what you will be employed as with Regional Health.

- Contractor Vendor Student Clergy / Lay Visitor

Line #4 – If you will be a contractor or vendor, please list the company where you are employed below.

Company Name: _____ Phone Number: _____

For Regional Health Only:

RH Representative Name PRINT: _____ Department: _____

RH Representative Signature: _____ Date: _____ Time: _____