ID Badge Acknowledgement and Deposit Form for Student/Instructor

PURPOSE: As a representative of St. Mary’s Hospital, a student must be issued a picture identification badge to be worn on St. Mary’s campuses until the duration of their field rotation. Visible badges are required to support regulatory compliance regarding patient rights, patient safety and access to keyless security areas.

DEPOSIT: Students will provide a $25.00 deposit for the identification badge at the time it is issued. The ID badge is the property of St. Mary’s Hospital & Medical Center and must be surrendered upon completion of the field rotation. Students will receive a full refund of their deposit following the return of the badge. Failure to surrender the badge upon completion of the rotation will result in the forfeit of the $25.00 deposit.

PROPER WEARING and CARE: The badge will be worn on the upper half of the torso in a manner that allows all information, including photo, to be easily visible to patients, visitors and staff members. The care of the badge is the responsibility of the student:

- The badge will not be punctured by any attachment, including pins, as this may damage the programmed wires within the badge.
- No stickers or any adhesive attachments will be applied to the badge.
- Metal objects such as keys can impair the functioning of the embedded wires. Metal object will neither be attached to or near the badge nor come in contact with the badge.

REFUND: Human Resources will process a check requisition to refund badge fee directly to the student. The student will receive a refund check as soon as practical after returning the badge to Human Resources.

ACKNOWLEDGEMENT: I have read and understand the information provided to me. I agree to comply with the expectations outlined above.

Name (PRINT CLEARLY): _____________________________________________________________

Signature: ________________________________ Date __________________

Name of School: _________________________________________________________________

Type of Program (nursing, radiology): _______________________________________________

HUMAN RESOURCES USE ONLY:

DATE: _______________________ Security Access: YES  NO

STUDENT ID #: __________________ BADGE #: __________________

Deposit Amt $: __________________ Check ___  Cash ___

Receipt #: ____________________ HR Initials: _____________________

REFUND INFORMATION:

Badge Return Date: __________

Refund Amt $: ________________

Check Requisition Date __________

HR Initials: _____________________

Revised 4/1/05