ETSUHealth

Employee Badge Request Form

First name: ______________________ E#: ______________________

Last name: ______________________ Email: ______________________

Degree/Credentials

Choose one below

- ☐ MSN
- ☐ RN
- ☐ FNP-BC
- ☐ RN-BC
- ☐ MN
- ☐ FNP
- ☐ MNSc
- ☐ PhD
- ☐ CCRN
- ☐ EdD
- ☐ BSN
- ☐ DNP
- ☐ MPH
- ☐ CNM
- ☐ CLNC
- ☐ NP-C
- ☐ FNP-C
- ☐ MS
- ☐ MD
- ☐ DO
- ☐ PharmD
- ☐ LCSW
- ☐ PT
- ☐ PA-C
- ☐ MS
- ☐ CCC-SLP
- ☐ AuD
- ☐ PMHNP-BC
- ☐ Other. __________

License Type/Role

Choose one below

- ☐ Pharmacist
- ☐ Respiratory Therapist
- ☐ Radiologic Technologist
- ☐ Dental Hygienist
- ☐ Social Worker
- ☐ Registered Dietitian
- ☐ Physical Therapist
- ☐ Speech-Language Pathologist
- ☐ Audiologist
- ☐ Certified Medical Assistance
- ☐ Physician
- ☐ Podiatrist
- ☐ Nurse Practitioner
- ☐ LPN
- ☐ Physician Assistant
- ☐ Psychologist
- ☐ Clinic Staff
- ☐ Office Staff
- ☐ Staff
- ☐ Other. ______________________

My primary clinical practice site is:

- ☐ Behavioral Health and Wellness Clinic
- ☐ Center for Audiology and Speech-Language Pathology at Johnson City
- ☐ Center for Audiology and Speech-Language Pathology at Elizabethton
- ☐ Community Counseling Clinic
- ☐ Concussion Management Program
- ☐ Dental Hygiene Clinic
- ☐ Family Medicine Johnson City
- ☐ Family Medicine Bristol
- ☐ Family Medicine Kingsport
- ☐ Gary E. Shealy Memorial ALS Clinic
- ☐ University Health Center
- ☐ University School Clinic
- ☐ BucSports
- ☐ Infectious Disease
- ☐ Fertility, FPMRS & Urogynecology
- ☐ GYN Oncology
- ☐ Heart and Dermatology
- ☐ Internal Medicine - Johnson City
- ☐ Internal Medicine - Kingsport
- ☐ OB/GYN - Johnson City
- ☐ OB/GYN - Elizabethton
- ☐ Osteoporosis Center
- ☐ Pediatrics
- ☐ Pediatric Subspecialties
- ☐ Psychiatry
- ☐ Surgery
- ☐ Johnson City Community Health Center
- ☐ Johnson City Downtown Day Center
- ☐ Mountain City Extended Hours Health Center
- ☐ Hancock County Elementary School Based Health Center
- ☐ Hancock County Middle/High School School Based Health Center
- ☐ Other. ______________________

Payment & Delivery Information

Each badge costs $8 and is to be paid by either the department or the individual receiving the badge prior to printing.
The price for a duplicate or replacement badge is $21.90.

Will the department be charged for the badge(s)? ☐ Yes ☐ No
Is this badge a replacement? ☐ Yes ☐ No

Department account code to charge: ______________________
By providing an account code, you agree to allow Campus ID Services to withdraw the total amount from the account provided during the next billing cycle.

Delivery Method: ☐ Pickup ☐ Campus Box #________

This section must be completed by supervisor. Signature indicates approval of request.

Name: ______________________ Title: ______________________

Department: ______________________ Phone: ______________________

Signature: ______________________ Date: ______________________

Office Use Only Initial: ______ Date: ______

Please return form to Campus ID Services: ***PO Box 70611*** *or* ***IDBUCS@etsu.edu*** *or fax:* ***423-439-8305***