HEALTH FIRST, INC./HUMAN RESOURCE DEVELOPMENT

STUDENT BADGE REQUIREMENT FORM FOR MULTIPLE STUDENTS

(This form must be completed and signed before badges can be issued.)

School _____Program: _____Date Issued_____

Instructor's Name_____Phone/Beeper_____Badge Expiration Date_____

SITE: CCH__ HRMC__PBCH__ HOPE__ Hospice__ OTHER (write in)_____ DEPT._____Ext._____

Instructor: Please complete the information below on each student. Please indicate if the student is a current Health First associate.

Please enter a "X" for those items which are completed and on file with the school.

Please return a copy of #8 and #9 for each student with this request form. * Only required for students working in clinical areas.

1	2	3	4	5	6	7	8	9	10	11	12
STUDENT'S LAST NAME	**STUDENTS PROPER FIRST NAME**	**STUDENT'S SOCIAL SECURITY NUMBER Email address**	**STUDENTS BIRTHDATE**	***CURRENT CPR CARD**	**AIDS * EDUCA**	**TB* EDUCA**	**CONFID. STATEMENT SIGNED**	**RELEASE OF RESPONS. SIGNED**	**HEALTH FIRST ORIENTATION &HIPAA Completed**	**TB SKIN TEST**	**IMMU Hep B (opt)**

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Instructor's Signature Date

Note: A current copy of the Instructor's Clinical License (if applicable) must be on file in Health First, Inc., Center for Learning Office.

The Instructor's signature is an affirmation that the above named students are authorized by the affiliated school to be in a Health First facility under the schools program. When this form is completed and signed, you may make arrangements to pick-up your badges. Call: Debbie Holland (321) 434-7391 debbie.holland@health-first.org

Revised 10/04, 4/08