UCLA Health System Photo ID Application Form Instruction Page

This application must be completed in its entirety and signed by an authorized department personnel coordinator. Type or print all information.

If you have any questions about completing this form call the photo ID office at (310) 825-3258 for further instructions. The photo ID office is located in the Center for Health Sciences (CHS) at 10833 Le Conte Ave Los Angeles CA 90095 on the B-Level of the Semel Institute/NPI building – Room B8-153.

Note: Employees <u>must</u> be in the EDB system for a minimum of 24 hours before an ID badge can be generated.

Applicant Notice

What you need to obtain a UCLA Health System ID badge:

- 1. This form with all applicable areas completed and signed by an <u>authorized</u> approving agent from your department.
- 2. Affiliate Supplement completed for non-university employees requiring ID badge.
- 3. Valid form of picture identification i.e. driver's license, passport, military ID, etc.
- 4. Applicable fees paid only for lost/stolen or damaged card.

Important: For renewals, changes in title, or damaged cards – the old ID badge/BruinCard must be surrendered before a new ID badge will be issued.

Lost/Stolen and Damaged Processing Directions:						
 Take this form to Medical Center Main Cashier's Office (Reagan), pay applicable fees, and retain the "UCLA Medical Center Cash Receipt" as proof of payment. Bring this form and the Cash receipt to the Photo ID Office (CHS) to obtain a new ID. Bring a valid picture ID i.e. driver's license, passport, etc. If the ID card has been damaged you must bring the damaged card. 						
Note: Lost/Stolen and Damaged fees must be paid to the Medical Center Main Cashier's Office <u>before</u> a new ID badge will be generated.						
	For Cashier's use only					
	Security Account: BruinCard Account:	263427 266338	Fund: 63000 Fund: 66338	Project Code: HS9600		

UCLA Health System Photo ID Application Form

DIRE	CTIONS:	Must be completed by D	epartment.				
I. Badge Face Design (mark one):							
🗆 Da	avid Geffen Sch	nool of Medicine 🛛 Sch	ool of Dentis	stry 🗌 School o	of Public He	alth	
II. Re	ason for ID ba	dge:					
	New Employee 🔲 Re-hire 🔲 Dept. Transfer 🗍 Change in Title/Name						
🗆 Da	amaged (\$6.25	fee) 🛛 Lost/Stolen (\$22	fee)				
III. Aj	II. Appointment Type (Please Type or Print): Faculty Staff Student Affiliate						
Employee Name			University 9-digit ID No.				
Title				Department			
Professional License/Degree (i.e. MD, DDS, PhD, etc.)				Physician Privileges (e.g. credentialed at WW, SM, NPH)			
IV. B	order Color/Vi	sual Designator (mark o	ne):				
	 Red (Administrator, Department Head, Physician, Professor) Yellow (Day Shift Employee – No Weekends) Blue (Nurse, Student, Rotating Shift Employees – Evening/Night Shift and/or Weekends) 						
V. Ac	cess Privilege	es:					
Does employee require ID badge access into CHS after hours or weekends? Yes No							
If yes,	, please provide	justification:					
Does employee require ID badge proximity key card access for Reagan?							
If yes, please provide access profile(s): Note: All employees receive a default basic access profile that includes hallways, stairwells & elevators.							
	Blood lift			Clinical & support	t staff (e.g. I	CUs)	
	Infant security	,		Medication rooms	6		
	On-call rooms	3		OR locker rooms			
	Soiled rooms			Heliport			
Other	(please specify	/):					

VI. Approved by (signatures are valid for 30 days & must be on file in the Photo ID office):

Print Name	Signature	Date	Ext.			
Applicant:	If this portion of the document is no	ot signed, no ID badge will be pro	oduced for you.			
	Proximity ID Badge/Key Card Terms and Conditions:					
 (1) This card is for your own use. It is not to be loaned or passed on to anyone at anytime. (2) This card is to be returned to the issuing department upon termination of employment. (3) Report the loss or theft of this card to the issuing department and the Security Department (x77100). (4) The Security Department reserves the right to delete or restrict your access for repeated and/or serious system violations. 						
The card holders' signature indicates acceptance and compliance with these terms of use.						
BruinCard Terms and Conditions:						
I have read and I accept the BruinCard Terms and Conditions, which includes sections regarding use of the card, cardholder account rules, error resolution, lost/stolen cards, unauthorized use of the card and other related University policies.						
Print Name		Signature				
ID Number		Date				

AFFILIATE SUPPLEMENT

DIRECTIONS: (Type or Print) Additional information is required for Affiliates <u>Only</u>. An affiliate is a non-university employee requiring an ID badge.

Name			
Street	City		State
Zip	Phone	<u></u> S	SN (last 4 digits only)
DOB	Sex	A	ppointment End Date