MEDICAL CITY DALLAS, LTD.
BADGE APPLICATION FORM

(Print)_____ _____ _____
Legal Last Name *First Name* *M.I.*

Name preferred on your badge: First_____**Last**_____

Medical Credentials (if any):_____ **SS#:**_____

Driver's License Number:_____ **State:**_____

License Plate Number:_____**Model:**_____**State:**_____

Building & Suite:_____ **Suite Phone Number:**_____

Name of Practice to be printed on badge:_____

A $20 deposit (cash or check) is to be paid at the time the badge is issued.

Deposit will be paid by Employee___ or Suite___

INCOMPLETE FORMS WILL NOT BE PROCESSED
OFFICE MANAGER: Please make a copy for employee and fax completed form to 972-566-5838. If the form will be hand-delivered by employee, please send a brief note on practice letterhead stating that the person is your employee.
Please note Badging Office Hours listed below.

I acknowledge that this Access Control/ID badge is issued to me individually and I am the only person authorized to use it. Lost or stolen badges should be reported to Security immediately. Any misuse or defacing of my badge could result in a fee for replacement. I understand that if I lose my badge or access card I must pay a replacement fee of $10 for each piece. If I fail to return both cards at the time of termination of employment, I will not be reimbursed for my deposit.

I hereby attest that the credential that I have requested by my name is a valid credential for me to use that I have attained through an accredited educational institution.

EMPLOYEE SIGNATURE:_____ **Date:**_____

FOR SECURITY OFFICE USE ONLY

Badge Number:_____Date:_____Access Area:_____

BADGING OFFICE, B 203
Monday – Friday, 7:30a – 4:00p
Closed Holidays
T: 972-566-5531
F: 972-566-5838
Elise.Murphy@hcahealthcare.com