MEDICAL CITY DALLAS, LTD.
BADGE APPLICATION FORM

INCOMPLETE FORMS WILL NOT BE PROCESSED

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

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

Medical Credentials (if any):_____

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 is to be paid at the time the badge is issued.
Sorry, we cannot accept Credit or Debit Cards. Cash or Check Only

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:**_____

AUTHORIZING SIGNATURE:_____ **Date:**_____
(Physician or Office Manager)

FOR SECURITY OFFICE USE ONLY

Badge Number:_____ Date:_____ Access Area:_____

BADGING OFFICE, B 220
Monday – Friday, 7:30a – 4:00p
Closed: 11:30 a – 1:30p
Closed Holidays
T: 972.566.5531 F: 972-566-5838
Melissa.Ramirez@medicalcityhealth.com
MCDH.Badging@hcahealthcare.com