



One Healthy Way, Oceanside, NY 11572
 1-877-SOUTH-NASSAU • www.southnassau.org

ID Badge Form

Last Name:	
First Name:	
Middle Name:	
Dept. Name:	
Job Title:	CLINICAL INSTRUCTOR
Employee #:	NOT APPLICABLE
Card #:	

Reason for Request:

- New
 - New Employee
 - Medical Staff
 - Volunteer
 - Student
 - Other Clinical Instructor
- New Job Title/Department
- Name Change
- Lost (\$6.00 Fee for Replacement)
- Broken

Comments: From School/College; Effective
Unit Assigned; Dates;
 Will need access to the following From _____
 based on unit(s) of assignment above; To _____

- Clean/dirty utility
- Medication Room
- Staff Lounge

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**SOUTH NASSAU
COMMUNITIES HOSPITAL**
WHERE QUALITY MATTERS
3700 Hightory Way, Great Neck, NY 11577
(516) 852-3000 • www.southnassau.org

FACULTY /STUDENT - SYSTEM ACCESS REQUEST FORM

College/University Name: _____

*Faculty Name: _____

*Faculty's College E-mail address (only): _____

Please check one box: RETURNING FACULTY NEW FACULTY

Access Start Date: ___/___/___

Access End Date: ___/___/___

#	Student Name (Type or print legibly)	SNCH Employee (Y/N)	Role	Contact # (Type or print legibly)	Access Type (Modify if non-standard)	UNIT ASSIGNMENT	SNCH USE ONLY Login ID
1			Student	() -	EMR - Acute Care (View Only)		
2			Student	() -	EMR - Acute Care (View Only)		
3			Student	() -	EMR - Acute Care (View Only)		
4			Student	() -	EMR - Acute Care (View Only)		
5			Student	() -	EMR - Acute Care (View Only)		
6			Student	() -	EMR - Acute Care (View Only)		
7			Student	() -	EMR - Acute Care (View Only)		
8			Student	() -	EMR - Acute Care (View Only)		
9			Student	() -	EMR - Acute Care (View Only)		
10			Student	() -	EMR - Acute Care (View Only)		
*11			FACULTY	() -	EMR - Acute Care (View Only)		

This document serves as an "electronic signature/agreement" that all names provided will adhere to all SNCH information security & HIPPA protocols. LOGIN IDs & Passwords will be provided separately.