### Associated Personnel (Non-Med Staff) Data Form

Associated Personnel, although not employees of Boston Children’s Hospital (BCH), must provide the following information to initiate the Associated Personnel process. BCH requires all Associated Personnel to wear a BCH identification badge when on BCH property. A BCH ID badge will be issued once all clearance requirements have been met.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be completed by ASSOCIATED PERSONNEL | | | |  | | |  | | |
| \* Indicates required field | | | | Date\* | | |  | | |
| Last Name \* | |  | | First Name \* | | |  | | |
| MI | |  | |  | | | | | |
| Previous BCH employee \* | | Yes  No | | Previous BCH Employment Dates | | | | |  |
| Previous Associated Personnel | | Yes  No  Unknown | | Previous ID | | |  | | |
| Date of Birth \* | |  | | Birth Country\* | | |  | | |
| Gender \* | | Female  Male | |  | | | | | |
| Highest Education Level \* | |  | | | | | | | |
| National ID or SSN \* (last 4 numbers) | |  | | | | | | | |
| Address 1 \* (Local) | |  | | Address 2 | | |  | | |
| City \* | |  | | State \* | | |  | | |
| Postal/zip code\* | |  | |  | | | | | |
| Phone \* | |  | |  | | | | | |
| Email Address\* (personal or work) | |  | | | | | | | |
| US Citizen\*  Permanent resident \* | | Yes  No  Yes  No | | If “No”, visa type | | |  | | |
| Emergency Contact Name | |  | | | | | | | |
| Emergency Contact Phone Number | |  | | | | | | | |
| To be completed by Department | | | | | | | | | |
| Reports To\* |  | | Reports To ID\* | |  | | | | |
| Home Department Code\* |  | | Location Code\* | |  | | | | |
| Division Manager\* |  | | Division Manager ID\* | |  | | | | |
| Associated Personnel Title\* |  | |  | |  | | | | |
| Licensure |  | | Certification | |  | | | | |
| Start Date \* |  | | Expected End Date\* | |  | | | | |
| Home institution\* (employer, university, foundation, etc.) | | | | |  | | | | |
| Description of Assignment\* |  | | | | | | | | |
| Computer Access Only\* | Yes  No | | Research Animal Contact in a BCH lab\* | | | | | Yes  No | |
| Patient Contact\* | Yes  No | | Human Blood, Body Fluid, and/or Tissue Contact\* | | | | | Yes  No | |
| Applying for Academic appointment?\* Yes  No | | | | |  | | | | |
| Credentialing through CHB’s Medical Staff Services?\* **Yes  No** | | | | |  | | | | |
| Completed by: Name | | | | | | Date | | | |