### 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       |