Employee Badge Request Form

First name: ____________________________
Last name: ____________________________
E#: ____________________________
Email: ____________________________

Payment & Delivery Information
Each badge costs $5 and is to be paid by either the department or the individual receiving the badge prior to printing. The price for a duplicate or replacement badge is $16.43.

Will the department be charged for the badge(s)?  □ Yes  □ No
Is this badge a replacement?  □ Yes  □ No

Department account code to charge: ____________________________

By providing an account code, you agree to allow Campus ID Services to withdraw the total amount from the account provided during the next billing cycle.

Delivery Method: □ Pick-Up  □ Campus Box # __________

This section must be completed by supervisor. Signature indicates approval of request.

Name: ____________________________  Title: ____________________________
Department: ____________________________  Phone: ____________________________
Signature: ____________________________  Date: ____________________________

Office Use Only
Initial: ______  Date: ______

My primary clinical practice site is:

□ Behavioral Health and Wellness Clinic
□ Center for Audiology and Speech-Language Pathology in Johnson City
□ Center for Audiology and Speech-Language Pathology in Elizabethton
□ Community Counseling Clinic
□ Concussion Management Program
□ Dental Hygiene Clinic
□ Family Medicine Associates
□ Family Physicians of Bristol
□ Family Physicians of Kingsport
□ Gary E. Shealy Memorial ALS Clinic
□ University Health Center
□ University School Clinic

□ BucSports
□ Infectious Disease
□ Fertility, FPMRS & Urogynecology
□ GYN Oncology
□ Heart and Dermatology
□ Internal Medicine
□ OB/GYN
□ Osteoporosis Center
□ Pediatrics
□ Pediatric Subspecialties
□ Psychiatry
□ Surgery

□ Johnson City Community Health Center
□ Johnson City Downtown Day Center
□ Mountain City Extended Hours Health Center
□ Hancock County Elementary School Based Health Center
□ Hancock County Middle/High School Based Health Center
□ Other: ____________________________

License Type/Role
Choose one below

□ Pharmacist
□ Respiratory Therapist
□ Radiologic Technologist
□ Dental Hygienist
□ Social Worker
□ Registered Dietitian
□ Physical Therapist
□ Speech-Language Pathologist
□ Audiologist
□ Certified Medical Assistant

Choose one below

□ Physician
□ Podiatrist
□ Nurse Practitioner
□ LPN
□ Physician Assistant
□ Psychologist
□ Clinic Staff
□ Office Staff
□ Staff
□ Other: ____________________________

Degree/Credentials
Choose one below

□ MSN  □ BSN
□ RN  □ DNP
□ FNP-BC  □ MPH
□ RN-BC  □ CNM
□ MN  □ CLNC
□ FNP  □ NP-C
□ MNSc  □ FNP-C
□ PhD  □ MS
□ CCRN  □ MD
□ EdD  □ DO
□ PharmD  □ LCSW
□ PT  □ PA-C
□ MS  □ CCC-SLP
□ AuD  □ Other: ____________________________

Please return form to Campus ID Services: PO Box 70611 or IDBUCS@etsu.edu or fax: 423-439-8305