**Badge printing and distribution has been centralized to the Integrated Services Operations Center at Roper Hospital, located in the Doughty Garage (former HR office). Office hours are 8am – 4pm. Couriers can assist with new badge delivery to alternate locations, as necessary.**

**Instructions:**

Step 1: Students/School/Preceptor/Practice Manager must complete the following –

Complete Section 1 of this form.   
 This Word document is editable. Please DO NOT save as a PDF.

A clear photo **in .jpg format** must be submitted along with this form  
(passport-style)

If parking is required, the “Assumption Risk Waiver Roper Hospital Parking” form must be signed and submitted along with this form.

All documents should be submitted to [student.development@rsfh.com](mailto:student.development@rsfh.com)

Step 2: The Student Program Coordinator will complete Section 2 and submit to [parkingassistance@rsfh.com](mailto:parkingassistance@rsfh.com)

Step 3: Once the Student Program Coordinator has been notified of badge completion, the student may pick up the badge from the IS Operations Center at Roper Hospital, Doughty Garage, prior to clinical rotation.

*PLEASTE NOTE: A fee of $10 may be incurred for lost or stolen badges.*

**RETURN IN A WORD DOCUMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: COMPLETED BY STUDENT/SCHOOL | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Reason: | | | | | |  | | | | | | |  | | |
| New Student Clinical Rotation | | | | | | Broken/Not Working/Faded | | | | | | | Lost/Stolen | | |
| Type:  Temporary student | | | | | | |  | | | |  | | | | |
| Dates of Clinical Rotation: | | | | | | |  | | | |  | | | | |
| Start: Click or tap here to enter text. | | | | | | | End: Click or tap here to enter text. | | | | | | | | |
| First Name: | | Click or tap here to enter text. | | | | | | Last Name: Click or tap here to enter text. | | | | | | |
| Middle Initial: | | | Click or tap here to enter text. | | | | | Preferred Name: Click or tap here to enter text. | | | | | | |
| Workplace: | | | |  | | | | |  | | | | |  | |
| Bon Secours St. Francis | | | | | Berkeley Hospital | | | | Roper Hospital | | | | | Mt. Pleasant | |
| RSF Office Park | | | | Other: (Please Specify) | | | | | | Click or tap here to enter text. | | | | | |
| Parking Required?  Yes  No | | | | | | | | | | | | | | | |
| Access to specific locations/departments required? | | | | | | | | | | | | | | | |
| Access to ScrubEx?  Yes  No Access to OR?  Yes  No  If YES, which departments and floors must specify: Click or tap here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | SECTION 2: COMPLETED BY RSFH STUDENT PROGRAM COORDINATOR | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | Verification Signature: | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | |  | | | |
|  | Roper St. Francis Healthcare - Student Program Coordinator | | | | | | | | | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 3: COMPLETED BY INTEGRATED SERVICES OPERATIONS CENTER | | | | | | | | | | |
|  |  | |  | | |  | | |  |  |
| Teammate’s title: STUDENT | | | Service Line or Specialty Designation: | | | | Click or tap here to enter text. | | |  |
| Style: YELLOW STUDENT | | | | | | | | | |  |
| New ID 5-Digit Badge #: | | Click or tap here to enter text. | | | Proximity ID #: | | | Click or tap here to enter text. | |  |
| Date: | Click or tap here to enter text. | | |  | |  | | |  |  |
| DOUBLE CHECK BADGE NUMBER FOR ACCURACY | | | | | | | | | |  |