



VCUHS EMPLOYER GUEST INFORMATION (EGI) PLEASE PRINT LEGIBLY

Fax to Don Carneal/Tony Lacic @ 827-2359 or email to dcarneal@mcvh-vcu.edu or alacic@mcvh-vcu.edu Phone # 828-2907 or 828-0065

Section A. Reason for Submission:  New  Change(s)  Renewal  Separation  Card Replacement

Section B. Position and Licensure, Certification, Registration (LCR), Category Information: Check those that apply

Reason for association with VCUHS:  Aramark/contract Association  Cashier  Corrections Officer  EVS Associate
 Guest Observer  Physician  Student  VCU Employee no direct patient care  VCU Employee with patient interaction
 VA Premier  Volunteer  Other: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Guest Title: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Is LCR required for this position?  Yes  No If yes, LCR# \_\_\_\_\_ LCR issue date: \_\_\_\_\_

LCR issuing body name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Employer Guest Category Definitions: Circle A, B, C or D and complete Section A, B, C or D on page 2

The Employer Guest will be in public areas only, no exposure or access to Protected Health Information (PHI) A. See page 2, Sect A

The Employer Guest will have limited access to patient care areas; potential or incidental patient care contact and/or access to PHI and escorted at all times. B. See page 2, Sect B

The Employer Guest will have access to patient care areas that may include participation in direct patient care and/or access to sterile procedural areas including planned access to PHI, escort and direct supervision required C. See page 2, Sect C

The employer guest has access to patient care areas and may include participation in direct patient care and/or access to sterile procedural areas including planned access to PHI, escort not required D. See page 3, Sect D

Section C. Assignment/Separation Dates:

Assignment Start Date: \_\_\_\_\_ Permanent Position?  Yes  No Separation Date: \_\_\_\_\_

Alternate Separation Date: \_\_\_\_\_

Authorization for access to VCUHS will automatically end one year from start date unless alternate separation date is identified above.

Section D. Individual Data:  Female  Male  Has guest had a badge previously?

Name: \_\_\_\_\_ First Middle Initial Last

Social Security: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street, Apt.# or P.O. Box City State Zip

Personal Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_ VCUHS Work Phone #: \_\_\_\_\_

Section E. Identification Validation: (See Section K for List of unexpired acceptable documents for identification validation)

Document Type:  Passport  Driver's License  Student ID  Other: \_\_\_\_\_

Document # \_\_\_\_\_ State from which issued if applicable

Section F. Agency/Contractor/Employer/School/Affiliation information:

Agency/Contractor/Employer/School/Affiliation Name: \_\_\_\_\_

Agency/Contractor/Employer/School/Affiliation Contact Name: \_\_\_\_\_

Agency/Contractor/Employer/School/Affiliation Contact Phone #: \_\_\_\_\_

Section G. Worksite Location and access to facility and computer systems:

Worksite location:  VCUHS Campus  VCUHS Satellite Location  Off-Site @ Co. Office  Other: \_\_\_\_\_

Is a VCUHS ID Card required?  Yes  No Is computer access required?  Yes  No

Where to pick-up ID: VCUCARD Office is on the MCV Campus @ Sanger Hall
1101 East Marshall St, Room B1-018
Phone: 804-628-CARD (2273) Fax: 804-828-8854
Hours: Monday - Friday 8:00 am - 4:30 pm

Section H. VCUHS Sponsoring Department Data:

Sponsoring Department Name: \_\_\_\_\_ Department Accounting Unit #: \_\_\_\_\_

VCUHS Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

VCUHS Dept. Director/Mgr: approval \_\_\_\_\_ Approved Requisition #: \_\_\_\_\_

Processed by: (for HR) \_\_\_\_\_ ID # \_\_\_\_\_ Job Class Code \_\_\_\_\_ Date Processed \_\_\_\_\_