



MICHIGAN MEDICINE

IDENTIFICATION CARD REQUEST & CHANGE FORM

INSTRUCTIONS: Department Head or Authorized Representative must complete this form (please PRINT, except signatures)
CARD HOLDER MUST SUBMIT FORM TO: MICHIGAN MEDICINE SECURITY KEY/ID OFFICE, MED INN BUILDING, ROOM C158
MON-FRI, 7AM-4PM **PHONE:** (734) 763-6376 **FAX:** (734) 763-5016 **WEB:** <http://www.med.umich.edu/i/security/keyid.htm>

MICHIGAN MEDICINE ID CARD REQUEST FOR:			
NAME (PRINT)	(LAST)	(FIRST)	
UMID OR UNIQNAME		BIRTHDATE (required)	____/____/____ (mm/dd/yyyy)
EMAIL ADDRESS		PHONE ()	

I certify that the information and photo provided and contained on my Michigan Medicine Identification card are accurate and correct. Please sign below to issue card.

CARD HOLDER'S SIGNATURE _____ Date: _____

MICHIGAN MEDICINE AFFILIATION - YELLOW CARD (select one) -- Instructions on reverse			
VALID FOR [5 YEARS]	<input type="radio"/> UM-STAFF	<input type="radio"/> UM-STUDENT	<input type="radio"/> UM-RETIREE
	<input type="radio"/> NO ACCESS NEEDED – 1 ST YEAR NURSING STUDENT	<input type="radio"/> HOUSE OFFICER <input type="radio"/> MED SCHOOL STUDENT	<input type="radio"/> MED SCHOOL STAFF <small>NEEDING ACCESS TO HOSPITALS</small>
VALID FOR [1 YEAR]	<input type="radio"/> HOSPITAL TEMP EMPLOYEE <small>(PAID BY HOSPITAL)</small>	<input type="radio"/> UM-CAMPUS FACULTY <small>(Receives UM-Benefits –ADJUNCT NEEDING ACCESS TO HOSPITALS)</small>	<input type="radio"/> STUDENT VOLUNTEER
1-YEAR ASSOCIATE	<input type="radio"/> VISITING CLINICAL SCHOLAR <small>(PAID BY HOSPITAL)</small>	<input type="radio"/> STUDENT FELLOW <small>(CLINICAL ROTATION)</small>	<input type="radio"/> UM EMPLOYEE OR RETIREE <small>(WORKING AS CONTRACTOR OR VOLUNTEER)</small>
	<input type="radio"/> ADV. POSTGRAD TRAINEE (APT)	<input type="radio"/> OTHER _____	

NON-MICHIGAN MEDICINE AFFILIATION - RED CARD (select one) - Valid for 1 year - (not UM Benefited) - \$6.00 Fee		
<input type="radio"/> VOLUNTEER	<input type="radio"/> VISITING OBSERVER (Clinical or Non-Clinical)	<input type="radio"/> CONTRACTOR <small>(Company Name)</small>
<input type="radio"/> VENDOR	<input type="radio"/> VISITING INTERN (Clinical or Non-Clinical)	<input type="radio"/> CONTRACTED TEMP <small>(Agency Name)</small>
<input type="radio"/> VISITOR <small>*includes Clinical /Research Scholars; Special Purpose Trainees; Academic Affiliates</small>	<input type="radio"/> NON-UM STUDENT (School) _____	<input type="radio"/> NO ACCESS NEEDED -ISSUE NON-PROXY CARD

REASON FOR REQUEST (select one)			
<input type="radio"/> NEW (1 ST ID)	<input type="radio"/> DEPARTMENT CHANGE	<input type="radio"/> EXPIRED CARD	<input type="radio"/> STOLEN (**Report # _____)
<input type="radio"/> STATUS CHANGED TO: <input type="checkbox"/> TEMP <input type="checkbox"/> REG	<input type="radio"/> NAME CHANGE <small>(VERIFY UPDATE WITH HR)</small>	<input type="radio"/> DAMAGED/BROKEN <small>(*\$20 replacement fee)</small>	<input type="radio"/> LOST (call 936-7890 to report as lost) <small>(*\$20 replacement fee)</small>
<input type="radio"/> RETURNING CARD _____ <small>(Key/ID staff sign, if received)</small>		<input type="radio"/> ADD MEDICAL CREDENTIAL: _____ <small>(Must be Authorized as accurate and correct by Department)</small>	

TO CHANGE ACCESS (Indicate Access Needed Below)	
<input type="radio"/> INCREASE ACCESS	-Grant access to area, doors, etc. Must include explanation or reader number
<input type="radio"/> REDUCE ACCESS	-Delete access to area, door, etc. Must include explanation or reader number

COMPLETE ALL CHARTFIELDS BELOW: MUST be completed to create cardholder's affiliation or sponsor

SHORT CODE	FUND	DEPT. ID#	PROGRAM	SUBCLASS	PROJ/GRANT

(PRINT) DEPT. HEAD/ AUTHORIZED REPRESENTATIVE **(SIGN)** _____ **(DATE)** _____
MUST SIGN AS AUTHORIZER OF CARD SIGNATURE EXPIRES IN 30 DAYS FROM DATE

DEPARTMENT/SCHOOL NAME: _____ DEPT. PHONE# _____

CHARGE DEPT: YES NO

* REQUIRE PAYMENT OF A \$20.00 FEE. SPONSORING DEPARTMENT MAY AUTHORIZE THE KEY/ID OFFICE TO CHARGE FEE TO THE DEPARTMENT BY INDICATING "CHARGE DEPT: YES". CARD HOLDER MAY PAY IN EITHER CASH OR CHECK AT THE HOSPITAL CASHIER'S OFFICE AND THEN SUBMIT THE PAID RECEIPT TO THE KEY/ID OFFICE.
** REQUIRES A POLICE OR SECURITY REPORT (ENTER REPORT NUMBER ON FORM ABOVE). CONTACT HOSPITAL SECURITY SERVICES DISPATCH AT (734) 936-7890 TO MAKE REPORT

ACCESS ISSUED _____ REMOVED _____ DNU NO CHANGE

**INSTRUCTIONS FOR THE
UNIVERSITY OF MICHIGAN HOSPITALS
IDENTIFICATION CARD REQUEST & CHANGE FORM**

**Who must Use
This Form**

Visitors, staff, volunteers, students (i.e. Medical Students, Nursing, Pharmacy, etc.), vendors, contractors, and temporary staff must present a UM-Hospital ID form in order to obtain a Mcard.

**ID Issuance
Policy**

If a potential card holder requests an ID and has never been issued a card previously or they are in our database without a photo that person will have to provide some form of picture identification (Driver's license, school ID, passports, etc.) before an ID can be issued. See Standard Practice Guide #601.13

**Reason for
Request**

Lost or Stolen cards must be reported to Security Services 93(67890) within 24 hours.

Stolen: Cardholder must submit a report number from a police or security agency and enter the number on the form.

Lost: If cardholder ID is lost, there is a \$20.00 replacement fee. The sponsoring department has the option to pay the replacement fee by completing the chart-fields located on the bottom of the form need to be filled out completely and checked "YES" for department charge. Cardholder may pay individually at the University Hospitals Cashiers Office located in the University Hospital Room 2B221. **You must pay in either cash, credit or check and bring the receipt with your UMID form to the Key/ID office.**

Damaged: If the card is damaged there will be a \$20.00 replacement charge to the cardholder unless the department agree to pay.

Name Change: Cardholder must submit a name and address change form to Human Resources. Once the change has been entered in the University HR system, the card with the new information a card can be printed. The Key/ID will not make any name changes.

Temporary staff: We must know whether you were hired by U of M temporary employment office or a contracted agency (Manpower, Kelly Services etc).

**Access
Change**

Card Holders will receive regular department access unless otherwise noted.

If a cardholder needs access to another area other than their department, this should be noted in the space provided. Please include area or reader number. If a cardholder has left the University, the form can be sent to FAX: **763-5016** or given to the Key/ID office for access to be deleted. The Key/ID office address is **Med Inn Building, Room C158, Box 5810.**

Questions

If there are any questions concerning the process or policies please call the Key/ID Office at (734) 76**(3-6376)** or email us at keyidoffice@med.umich.edu.

Website: <http://www.med.umich.edu/i/security/KeyID.htm>