ACCESS SWIPE CARD REQUEST

For after hours access, this form must be filled out COMPLETELY. Please PRINT LEGIBLY.

A signed Access Swipe Card Agreement must be submitted with this form.

Access Swipe Card Requested for:

Name (Last, First, MI):	SSN:	Job Title:
Name of Company/Facility:		**Please Check applicable category:**
Phone #: / Pager #: / # of cards requested (Vendor use only):		Patient Care Provider? □ Yes Vendor? □ Yes Independent Contractor? □ Yes Other:_____ □ Yes

Access Requested for Exterior Entrances:

[ ] Loading Docks [ ] Everett Tower [ ] Presby Tower [ ] Other: _____

Justification (Provide detailed justification of frequency and need for after-hours access):	Activation Period 1 to 12 months (maximum) (To extend access, submit new form prior to end of activation period)

OUMC Department Director or Administrator

Director or Administrator Name:	Dept Name/Cost Center #:	Phone #:
Name of person to contact when card is ready:		Phone #:

_____ Signature	_____ Date

OUMC Approval

Approved By:_____ _____
Chief Administrative Officer **Date**

Approved By:_____ _____
Medical Staff Services Director **Date**
(Required for patient care provider)

FAX this completed form and Access Swipe Card Agreement to 271-1773

(For questions call 271-5911)

Office Use only: Date card activated _____/_____/_____ Initials: _____

Access Swipe Card Agreement

In order to provide a more secure environment for our patients, visitors, and staff, primary doors into the three hospital towers, Everett Tower, Presbyterian Tower and the Children's Hospital will be locked between the hours of **9:00 p.m. and 6:00 a.m.** ***Presbyterian Tower will go-live on June 21, 2004*** and Everett Tower & Children's Hospital will go-live in the near future. OU MEDICAL CENTER Access Swipe Cards will provide authorized users **after-hours** access through these primary doors. After-hours access is available 24 hours through Emergency Department entrances. Access Swipe Cards are not required for entry through the Emergency Department.

In order for your Access Swipe Card to be activated, you must sign and return this agreement with your Access Swipe Card Request.

- I understand that my Access Swipe Card is for access purposes only. It is not an acceptable form of identification.
- I understand that OUMC will monitor Access Swipe Card usage.
- I understand that I am required to carry a valid photo ID badge when using my Access Swipe Card. (See OUMC HR 5-80: Official Identification Badge).
- I understand that my Access Swipe Card is non-transferable. I will not share it with others.
- I understand that my Access Swipe Card is the property of OUMC. If I lose my card, I will report it immediately to OU MEDICAL CENTER Human Resources or Medical Staff/Credentialing Services as appropriate.
- I understand that I will be charged a $10.00 fee if I need a replacement Access Swipe Card.
- I understand that I am required to return my Access Swipe Card upon my separation or completion of my services.

_____ _____

Signature Date

Please print name: _____