

PHC Student and Instructor Photo ID & Access Request

Please print. All fields are mandatory unless otherwise indicated.

Status: ☐ Student ☐ Instructor

Last Name:	First Name:	School:
Preferred Name To Show On Front Of Photo ID:	Program (ex Medicine, Nursing, etc)	
Phone Number:	Anticipated Graduation Date: (n/a if Instructor)	
End Date of Current Placement: (n/a if Instructor)		

Terms and Conditions:

- Students and instructors will visibly wear their issued PHC photo ID at all times while on Providence Health Care (PHC) property;
- Photo ID is the property of PHC. You must return it to the PHC Photo ID Office upon educational program completion or termination;
- Students and instructors are to be in possession of 1 (one) PHC Photo ID; All other ID's to be returned to the PHC Photo ID Office;
- Photo ID is non-transferable; loaning of ID to another person may result in your school being notified, and your PHC privileges being revoked;
- Lost or Stolen ID must immediately be reported to Security. Replacement ID will not be issued until a Lost Card form has been completed through Security;
- Standard student or instructor access for your Facility (if applicable) will automatically be added to your new ID. Additional access will only be granted upon submission of a "Card Access Request Only" form by the appropriate Manager / Coordinator / Program Lead;
- Defacing, retouching, covering or otherwise altering information or images on the ID is prohibited.

By signing below, I have read and understood the terms and conditions of my PHC Photo ID:

Signature: _____

Date: _____

Security Use Only

Site Picture Taken At: _____	Date: _____
Identification Provided to Verify Identity: _____ <small>(BCDL, BCID, Passport, Permanent Resident Card, Previous PHC ID)</small>	Security Officer Name: _____

PHC Photo ID Office Only

Date Request Received: _____	Date Mailed/Issued: _____
Card #: _____	Processed By: _____

Integrated Protection Services Parking, Access & Commuter Services Willow Chest Centre, Rm 179 2647 Willow St. Vancouver, B.C. V5Z 3P1	PHC Photo ID/Access Department Telephone: 604-875-4111 ext 20003 Facsimile: 604-875-4601 Email: PHCphotoidcardaccess@providencehealth.bc.ca
---	---