APPLICATION PHYSICIAN / MEDICAL STAFF / GME PHOTO IDENTIFICATION BADGES

HILLCREST Security Services
112 W. Arbor Drive,#101
San Diego, CA 92103-8843
Phone: 619-543-3102
Fax: 619-543-7232
Email: medsecurity@ucsd.edu
HOURS: 8-12 noon Mon, Wed, Fri

THORNTON Security Services
9425 Health Sciences Drive, MCM #1
La Jolla, CA 92037
Phone: 858-657-7327
Fax: 858-657-7395
Email: medsecurity@ucsd.edu
HOURS: 8-12 noon Weds, Thurs

Please print CLEARLY. Please fax completed form to the appropriate site listed above.

Today's Date: ____/____/_____                        Name: _____________________________________
Employee Number: __________________       Credentials: ________________________________
Work Phone Number: ________________________     Job Title: ___________________________________
Job Location:_______________________       Department: ________________________________
ID Badge Dates: ☐ N/A    Begin: ____/____/_____  Expiration Date: ____/____/_____
(Required for provisional senior clinical fellows)
Status / relationship to UC San Diego Health System:
☐ Salaried Clinical Faculty Member   ☐ Registered UCSDHS GME Housestaff
☐ Other: ______________________________________________________________

Medical Providers: Please indicate the type of license by marking the appropriate box below. ID badge title
is dependent on the type of medical license or appointment.
☐ Current California physician medical license (ID Badge will read: ____, M.D. / Physician)
☐ Current California Medical Board - Section 2113 (ID Badge will read: Visiting Faculty)
☐ Current California Medical Board - Section 2111 (ID Badge will read: Visiting Fellow)

Note: UCSDHS Graduate Medical Education (GME) authorization is required for photo-ID requests
for all house staff members and clinical fellows.

<table>
<thead>
<tr>
<th>Department Authorizations</th>
<th>UCSDHS - GME Office Authorization</th>
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<tr>
<td>Dept. Authorization, Name:</td>
<td>GME Office Authorization, Name:</td>
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<tr>
<td>Dept. Authorization, Signature:</td>
<td>GME Office Authorization, Signature:</td>
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<tr>
<td>Dept. Phone Number:</td>
<td>GME Office Phone Number: 619-543-_______</td>
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</tbody>
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Please fax completed form to the appropriate location:
Hillcrest: 619-543-7232     Thornton: 858-657-7395

Non-Medical Staff applications for Photo Identification Badge is D565, and can be located at:
http://forms.ucsd.edu/FormDocs/D565.pdf
D566 (6-13)