



Clergy Identification Badge Application

Please print or type information. Form must be completed in full for processing.

Name: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Office: _____

() ordained () licensed

A photo ID and letter from your church's primary clergy or board stating you are a paid staff member in good standing must be submitted with this application.

Name of senior leader or pastor: _____

Name of congregation or church: _____

Name of faith group/denomination: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Badge: NEW REPLACEMENT (circle one)

Signature of applicant: _____ Date: _____

For department use only:

Date Received: _____ Date Processed _____ Approved: Yes No

Credentials checked by: _____ Badge Created (date): _____



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GUIDELINES FOR HOSPITAL VISITATION USING THE CLERGY IDENTIFICATION BADGE

Persons wearing the Aultman Clergy identification badge are expected to comply with some basic guidelines for visitations. Failure to do so may result in the revocation of privileges and the surrender of the clergy identification badge.

1. I will comply with the hospital rules for visitation.
2. I will wear the clergy identification badge in a clearly visible location with the photograph exposed when visiting patients.
3. I will visit only members of my own congregation. The clergy badge does not give you permission to visit patients/families that are not part of your congregation.
4. I will not interrupt or interfere with any medical treatment or examination; I will cooperate with treatment plans.
5. When a patient's door is closed, I will request a member of the hospital staff to check if it is permissible for me to visit.
6. I will limit team visitation to one other visitor and myself.
7. I understand that disrespect or rudeness directed toward any persons at Aultman, or a patient, may result in the loss of hospital visitation privileges and clergy badge.
8. I agree not to disclose any information regarding any patient admitted to the hospital including that the patient is or was hospitalized, the reason for hospital treatment, or the patient's medical condition – without the express consent of the patient or the patient's representative. If the patient is a minor and is unable to give consent the legal guardian will be asked.
9. I understand that I am here on behalf of myself and do not represent Aultman.
10. Signature of applicant: _____ Date: _____



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Visitation Identification Badge

- The badge is an indicator to hospital staff and security personnel that the person wearing the badge has been approved for visitation.

Application Process

Applicants must provide the following:

- ✓ A completed application form.
- ✓ Letter from church stating you are in good standing and a paid staff member.
- ✓ All new applications will have a background check with no charge to the applicant. Replacement badges do not require a new background check.

Badge Return Process

- The badge becomes void and should be returned when the applicant leaves the congregation under which he/she applied for the badge.
- The primary clergy person may rescind badge privileges for his/her congregation by notifying Aultman Spiritual Care.
- Aultman reserves the right to revoke the clergy identification badge.

Signature of applicant: _____ Date: _____