



# Human Resources Form

Boston Children's Hospital

Document: associated\_personnel\_data\_form.docx

## Associated Personnel (Non-Med Staff) Data Form

Associated Personnel, although not employees of Boston Children's Hospital (BCH), must provide the following information to initiate the Associated Personnel process. BCH requires all Associated Personnel to wear a BCH identification badge when on BCH property. A BCH ID badge will be issued once all clearance requirements have been met.

To be completed by ASSOCIATED PERSONNEL			
* Indicates required field		Date*	
Last Name *		First Name *	
MI			
Previous BCH employee *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous BCH Employment Dates	
Previous Associated Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previous ID	
Date of Birth *		Birth Country*	
Gender *	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Highest Education Level *			
National ID or SSN * (last 4 numbers)			
Address 1 * (Local)		Address 2	
City *		State *	
Postal/zip code*			
Phone *			
Email Address* (personal or work)			
US Citizen*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", visa type	
Permanent resident *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Name			
Emergency Contact Phone Number			
To be completed by Department			
Reports To*		Reports To ID*	
Home Department Code*		Location Code*	
Division Manager*		Division Manager ID*	
Associated Personnel Title*			
Licensure		Certification	
Start Date *		Expected End Date*	
Home institution* (employer, university, foundation, etc.)			
Description of Assignment*			
Computer Access Only*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Research Animal Contact in a BCH lab*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Contact*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Blood, Body Fluid, and/or Tissue Contact*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applying for Academic appointment?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Credentialing through CHB's Medical Staff Services?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed by: Name		Date	