

UPSTATE
UNIVERSITY HEALTH SYSTEM
AFFILIATING SCHOOLS/COLLEGES OF NURSING
Student/Faculty Registration Form

Effective August 12, 2013 – all requests for Upstate ID badges must be submitted electronically, via this form, to the appropriate campus. If the *Location* of the clinical experience is an Upstate clinic (UHCC, Regional Oncology Center, etc.), submit to the Downtown Campus.

Has the registrant had an ID card with Upstate University Health System in the past? YES NO

First Name:

Last Name:

MI:

Social Security Number:

Street Address:

City:

State:

Zip:

Phone Number:

School email address:

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

Registrant Date of Birth (mm/dd/yyyy):

Clinical Rotation or Role Transition

Location: Downtown Campus Community Campus Other (specify):

Unit (specify):

Start Date (mm/dd/yy):

End Date (mm/dd/yy):

Title or Function:

School:

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