



Clergy Identification (CID) Renewal Form

This form must be completed and returned to the Duke University Hospital Department of Pastoral Services for verification before you will be able to renew your CID badge.

If there have been no changes in your information since your original application [if after 2011] or last year's renewal, complete the top section [above the bold line], sign and date at the bottom of the form and return it to Duke University Hospital Department of Pastoral Services.

First Name _____ Middle Name _____ Last Name _____
 [Please list full name as it appears on your government-issued photo identification]

Title [i.e. Rev., Dr.] _____ Prior Name(s) _____
 [if applicable, i.e. maiden name]

Preferred Name [i.e. nickname] _____ Date of Birth _____
 [Optional] [MM/DD/YYYY]

E-mail _____ Duke Unique ID # _____
 [Optional]

If there have been any changes from your last application or renewal, please complete the entire form.

Home Address _____

City _____ State _____ Zip _____

Phone (Primary) _____ Phone (Secondary) _____

Local Affiliation:

Complete Name of Religious Institution _____

Physical/Mailing Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ Web Address: _____

___ If you have changed local affiliation [congregation, church, etc.], please provide proof of ordination or a letter, on institution letterhead, from an officer of the body indicating you are recognized and designated for providing pastoral visitation.

Signature _____ * Date _____

* Unless changes are noted on this form, when signing you are indicating that information provided previously [i.e. original application or last renewal form] is correct.

NOTE: RENEWAL WILL NOT BE APPROVED WITHOUT ALL REQUIRED DOCUMENTATION. [The process for securing a clergy badge requires three (3) to five (5) business days for verification to be completed and returned to you. Please plan ahead for the time needed for completion.] **Please DO NOT remit Badge Fee to Pastoral Services.** [The \$5.00 identification badge fee is to be paid at the Duke Card Office-Medical Center after approval by the Department of Pastoral Services.]

Below is for DUH-DPS Office use only:

Approved _____ Date: _____ Duke Unique ID# _____

Entered _____ Mailed _____ PSPP # /Exp. Date _____ 8/11/16

Duke University Hospital Clergy Patient Visitation Guidelines

Duke University Hospital recognizes the importance of spiritual care in healing and caring for patients and the role of the patient's clergy in the provision of that care. To facilitate the care and healing of our patients and the ministry of the clergy provider, the following guidelines have been established.

Clergy is defined as an ordained clergy, such as a rabbi, priest, pastor, Islamic cleric, associate pastor, licensed minister, or lay minister serving under the direction of the congregation such as Roman Catholic Eucharistic ministers.

(After you have read the following, please sign your name and date the document indicating you have read and will follow these guidelines. **Return this signed form along with your application to the Pastoral Services Department.**)

1. Your Clergy ID Badge must be worn while in the hospital.
2. Visit only members of their congregation or faith group or those persons requesting your visit.
3. Please identify yourself with Health Unit Coordinator (at main desk on unit) before visiting patients and inquire about visiting guidelines.
4. Respect the wishes of patient who does not desire a clergy visit.
5. Religious literature is to be left only with the patient visited.
6. **Always** wash hands before and after visiting each patient.
7. If you have symptoms of a cold, flu, or other disease, please do not visit.
8. Contact nursing staff if **Isolation Precautions** are observed on patient door.
9. Do not **disclose** any information regarding the patient in Duke 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 if the patient is a minor or unable to give consent, the legal guardian.
10. Limit use of clergy badge to your professional function as a clergy visitor.
11. I understand that the Pastoral Services Parking Pass [PSPP] is for my use only and I will limit use of the PSPP to my clergy visits.
12. **I will notify the Department of Pastoral Services of any changes on my original application or renewal form.**
13. **I will return my clergy badge when I am no longer affiliated with the congregation identified on my application**

By printing and signing my name, I agree to follow the above guidelines.

(Print Name) _____

(Sign Name) _____ (Date) _____