

## 2021 REVISED CLERGY BADGE APPLICATION

Badge expires every three years.

*Please print or type. Form must be completed in full for processing. An incomplete form will cause a delay.*

Please check one: \_\_\_\_\_ Initial Application \_\_\_\_\_ Renewal application

Name (As you wish it to appear on the badge – First and last name must match photo identification)

Title (As you wish it to appear on the badge)

Faith Group/Denomination

City/State of Diocese Headquarters or Equivalent

Church/Synagogue/Agency/Diocese that authorizes your assignment as visiting clergy)

Ordained

Licensed

Lay Representative

### RELIGIOUS CONGREGATION INFO.

Name

Address

City, State, Zip

Office Phone Number

Supervisor's Name

Supervisor's Phone Number

### PERSONAL DATA

Home Address

P.O. Box Number

City, State, Zip

Home Phone Number

and/or

Cell Phone Number

Photo ID #

State or Government Agency Issued

### To apply for your Clergy Badge, please follow this procedure:

1. Send this application along with your document(s), i.e., signed Compliance Agreement, Ordination Certificate, Clergy License and recommendation letter from your Religious Leader to HCNO at the address shown below. Bring your payment in the form of cash, cashier's check or money order to HCNO when you get your photo taken. **(Do not pay cash unless you submit it in person.)**

### Please enclose a photocopy of one of the following documents:

- \_\_\_\_\_ Ordination certificate, call document, or license from your religious body, (in faith communities that do have regularly ordained clergy). An "Authority to Solemnize Marriage License" will not be accepted as a form of documentation.
- \_\_\_\_\_ In the case of a ministerial student, a letter from your religious leader stating that you are functioning as a professional pastoral care provider authorized by a congregation/faith group is required.
- \_\_\_\_\_ In the case of a lay person or religious functioning as a professional pastoral care provider, a letter from your religious leader, congregational executive committee, or religious provincial designating your professional role as a leader who is authorized to provide pastoral care to the congregation/faith.

**The Hospital Council of Northwest Ohio ("HCNO")  
3231 Central Park West Drive, Suite 200  
Toledo, OH 43617**

2. You will be notified by Marchelle at HCNO that your Application and Compliance Agreement is either acceptable or incomplete.\*
3. Once you receive notification that your application has been properly completed, contact Marchelle at 419-842-0800 to make an appointment to take your badge photo. Payment is due before your photo is taken and cash, cashier's check or money orders are accepted. In addition, a photo ID is also required, such as a driver's license, current passport or state ID card. **Please, no walk-ins are accepted.** The badges are not processed at our location.
4. You will be notified by HCNO when your badge is ready for pickup.

### Cost of Clergy Badge:

1. The cost of a new Clergy Badge is \$30.00, and Badges are valid for three years.
2. The cost is reduced to \$20 if an applicant turns in an expired or damaged Badge.

**Clergy Badges are recognized by hospitals in the following Ohio counties: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams and Wood.**

**\*Please note: HCNO cannot authorize, insure or approve your representation of any religious denomination, faith group, or congregation. This application is only used to order and process your Clergy Badge.**

## COMPLIANCE AGREEMENT FOR CLERGY VISITATION TO HOSPITALS

**Persons wearing the Clergy Hospital Visitation Identification Badge are expected to comply with some basic guidelines for pastoral visitations. Failure to do so may result in the revocation of clergy privileges and the surrender of the Identification Badge.**

1. I will review and comply with each hospital's rules for visitation by clergy visitors.
2. I will wear my identification badge in a clearly visible location with the photograph exposed.
3. I will visit only members of my own religious institution, their immediate family members or persons requesting my presence.
4. I will respect the wishes of the patient who does **not** want a clergy visit.
5. I will **not** interrupt or interfere with any medical treatment or examination; I will cooperate with treatment plans and respect all privacy rules and regulations imposed by each hospital.
6. I will wear clothing, gloves, and/or masks required by each hospital to eliminate passing of infection by observing the notices posted on patient's door or asking the staff for guidance.
7. When a patient's door is closed, I will request hospital staff to check if it is appropriate for me to visit.
8. In intensive care units, and if it is outside regular visiting hours, I will identify myself to the staff and request entry before visiting.
9. I will limit the use of my parking privileges to my professional function as a clergy visitor.
10. I will surrender my badge and notify The Hospital Council of Northwest Ohio ("HCNO") when I am no longer affiliated with the congregation that is identified on the badge, or if my badge expires.
11. I understand that disrespect and rudeness directed to any person at HCNO, the hospital(s), or patient(s) may result in the loss of visitation privileges and surrender of my badge.
12. I agree **not** to disclose any information regarding any hospital patient – including that the patient is or was hospitalized, the reason for hospital treatment, or the patient's medical condition – without written consent of the patient or, if the patient is a minor or unable to give consent, the patient's legal guardian. My disclosure of any private or protected health care information may result in the loss of clergy visitation privileges.
13. I have received and read this "Compliance Agreement for Clergy Visitation to Hospitals".
14. HCNO reserves the right to change the Clergy Hospital Visitation guidelines as required.

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Printed Name of Applicant

Signature of Applicant

Date

### **Badge Revocation:**

- The badge becomes void when the applicant leaves the congregation under which he/she applied for the badge, or the expiration date on the badge is reached.
- The primary clergy person may rescind authorized badge privileges in his/her congregation by notifying HCNO in writing.
- HCNO may revoke a clergy visitation identification badge upon request of a hospital.

### **Appeal Process:**

- Applicants may appeal a decision to the church or faith group that authorized or rescinded their clergy badge.
- All appeals must be in written form.
- Should additional information be required, a meeting with the applicant may be requested by the authorizing church or faith group.

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