

Splash ID Request for Access

Please include the following information from your Splash ID Card:

Full Name as printed on ID	
Splash ID Card #	
Department as printed on ID	
3-4 ID	
Title: In addition to MD: <ul style="list-style-type: none">- Are you a resident/fellow or faculty/staff?- Visiting?	<input type="checkbox"/> Resident (list the start and end dates for your Residency) _____ <input type="checkbox"/> Fellow <input type="checkbox"/> Faculty / Staff Physician <input type="checkbox"/> Medical Student If you are a visiting MD, what is your expected last day? _____
Contact phone # and email address	

Email completed form to:

Tommy Rushe, Director of Facility Services

504-988-4251

William.rushe@hcahealthcare.com