



Provincial Integrated Protection Services Identification (ID) and Access Card Request



NL Health Services

Service Requested (select all that apply):

*MHAC SISER-P CARDS

- ☒ New Card
☐ Replacement Card ☐ Damaged ☐ Lost ☐ Stolen ☐ Name/Position Change ☐ Expired
☐ Add/change access
☒ External (Agent, Contractor, Student, etc.) CNS PNP Student 2026/Sep/08 2027/Aug/01
Company/Institution Start Date (YYYY/MON/DD) End Date (YYYY/MON/DD)

Employee:

First Name: _____ Middle Initial: _____ Last Name: _____
Pronouns (optional): _____ Preferred Name: _____ Employee Number: _____
Job Title: _____ Department/Program: _____
Telephone: _____ Email: _____

Terms and Conditions:

- ID/Access card will only be processed if form is fully completed.
- Employees, agents, contractors and volunteers must wear their photo ID at all times while acting in a NL Health Services (NLHS) capacity.
- Access will only be granted with the manager's signature.
- Lost, stolen or defaced ID/access cards are subject to a replacement fee of \$20.00
- NLHS will replace (no charge) an ID that is faulty or damaged (with reason) with the return of the original ID.
As per Policy OPS-SC-040-Identification Badges.

By signing, you agree to the terms and conditions.

Signature: _____ Date (YYYY/MON/DD): 2026/Sep/01

Manager:

Site access is requested for: _____
Unit/Department(s): _____
Describe required access: _____

Send card to primary site: _____
Denise Miller 2026/Sep/01 Denise.miller@mun.ca
Manager's Name: Manager's Signature: Date(YYYY/MON/DD): Manager's Email:

Email form to: Eastern: id.access@nlhealthservices.ca Central: czidaccess@nlhealthservices.ca
Western: WZID.access@nlhealthservices.ca Labrador Grenfel: LGZID.access@nlhealthservices.ca

Office use only

Facility code: _____ Card number: _____
Identification Verified: ☐ Yes ☐ No Identification type: _____
Name: _____ Signature: _____ Date (YYYY/MON/DD): _____

Reset Form

Print Form

NLHS015JAN25