


**Acknowledgement of Receipt**

**Photo Identification**

As an employee of \_\_\_\_\_, I, \_\_\_\_\_  acknowledge receipt of the agency issued photo identification badge. As required by regulation and agency policy, I agree to wear the ID when working where it is visible to the eye immediately by the patient, all the patient's family members and supervising nurse.

The identification badge is the property of \_\_\_\_\_ and will be returned to the agency upon termination of employment.

I understand that there will be a charge of \$10 for a replaced identification badge.



\_\_\_\_\_  
Employee Signature/Title

\_\_\_\_\_  
Date