



Clergy Parking Application Form

Please complete the information below and return to
Duke University Hospital Chaplain Services and Education:

Personal Information:

First Name _____ Middle Name _____ Last Name _____

Title [i.e. Rev., Dr.] _____ E-mail: _____

Home Address: _____

City _____ State _____ Zip _____

Phone (Primary) _____ Phone (Secondary) _____

Religious Affiliation: _____

Local Affiliation:

Complete Name of Religious Institution _____

Address _____

City: _____ State ____ Zip Code: _____ Telephone: _____

Required documentation:

Clergy Patient Visitation Guidelines, signed and dated

Copy of Government-Issued Photo Identification including full name and date of birth
[ID number may be redacted/blacked out]

Proof of ordination or a letter, indicating you are recognized, licensed or ordained to provide
pastoral visitation.

Signature _____ Date _____

Please complete, sign and return this application along with all required
documentation to: duhchaplainservicesandeducation@dm.duke.edu

NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION.

DUH-CSE Office use only:

Approved _____ Date: _____ Parking Pass# _____

06/01/2022

Clergy Patient Visitation Guidelines

Duke University Hospital recognizes the importance of spiritual care in healing and the vital role our patients' clergy* play in the provision of that care. The following guidelines have been established to support clergy as they visit our patients.

After you have read the following, please sign and date the document indicating you have read and will follow these guidelines.

1. Visit only members of your congregation.
2. Obtain visitor's badge at the Information Desk upon entry.
3. Please identify yourself with Health Unit Coordinator (at main desk on unit) before visiting patients to inquire about any visiting guidelines or restrictions.
4. Respect the wishes of patients who do 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. Please **disclose** patient's health information if it has been fully agreed upon with the patient.
10. I understand that the Clergy Parking Pass is for my use only and I will **limit use** of the Clergy Parking Pass **to my clergy visits.**
11. **I will immediately notify** the Department of Chaplain Services and Education of **any changes** to my original application.

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

Signature _____ Date _____

Please complete, sign and return this application along with all required documentation to: duhchaplainservicesandeducation@dm.duke.edu

* Clergy is defined as an ordained person, (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.
