



# NAME TAG ORDER FORM

Please complete to ensure your Name Tag is printed with the correct information.

Please make sure you email this request to the Human Resources Department ***before*** you start to work. No requests will be accepted by phone. The Summit will provide a name tag upon hire, and will replace up to one more. After that, there will be a cost of \$5.00 per name tag.

Name and Credentials: \_\_\_\_\_  
Name Professional Credentials

DISCIPLINE / TITLE: Circle One: Speech Therapy  
Occupational Therapy  
Physical Therapy  
Rehab Tech  
Director of Rehab  
Other (list) \_\_\_\_\_

Main Facility: \_\_\_\_\_

Regional Director: \_\_\_\_\_

## Instructions for sending photo for name tag:

- Please have someone take a picture of you, preferably wearing a ***solid black top*** standing in front of a ***solid white/cream colored background***.
- Leave enough room to allow cropping for a headshot.
- Make sure photo is in focus and clearly depicts your features.

Please send ***both the photo and this name tag order form together in the same email*** to the Human Resources Department - [hr@thesummitrehab.com](mailto:hr@thesummitrehab.com)