



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

Identity Verification Form

To be completed by the Michigan Medicine Primary Clinical Department

Section 1. PERSONAL PHOTO OF APPLICANT

ATTACH CURRENT DRIVER'S LICENSE,
PASSPORT, STATE/FEDERAL ID, OR
PROFESSIONAL PHOTO

- Attach copy of driver's license, passport, State/Federal ID, or professional photo
- If using a professional photo:
 - must be 2 x 2 inches (51 mm x 51 mm) color photo
 - must be a passport photo, photo from a State/Federal ID, professional photo, or a photo from a work ID
 - should be on a plain background
 - there must be no one else (parts or whole) visible in the photo
 - **selfies will not be accepted**

Section 2. APPLICANT INFORMATION

Name: _____

DOB: _____ Practitioner Type: _____

Primary Hiring Clinical Department: _____

Section 3. IDENTITY CHECK BY UNIVERSITY OF MICHIGAN HIRING CLINICAL DEPARTMENT

I attest that I have viewed current picture hospital ID card, driver's license, passport, or valid picture ID issued by a state or federal agency of the applicant who stands before me, and verify the identity of the applicant applying for clinical privileges at Michigan Medicine.

U of M Department Rep Name PRINTED

U of M Department Rep Signature

Date