

## **CONTINUING EDUCATION REQUEST FORM**

**Procedure: Please read carefully. Procedure must be followed in order to receive reimbursement.**

1. Employee must fill out this form and submit it ALONG WITH A COPY OF THE COURSE BROCHURE to his/her Supervisor. If approved by their Supervisor, the employee must IMMEDIATELY interoffice or fax these documents to the attention of the Education and Training Chairperson (Interoffice: Jan Hollerbach, Fairfield Office. FAX: 203-330-6761):
2. **Incomplete paperwork will not be processed and no reimbursement will occur.**
3. The Education and Training Chair will notify the employee of approval status via the Continuing Education Processing Form. If course is approved, the employee must register/pay for the course and return the signed Continuing Education Processing form to the Chair of Education and Training to confirm registration.
4. Following completion of the course, the employee will send a copy of the Certificate of Course Completion to the Chair of Education and Training (contact information is listed above).
5. Assuming proper procedure has been followed in obtaining course approval, once the Certificate of Course Completion is received, the employee will be reimbursed at the "early bird" rate.
6. Free or self-pay courses require submission of the Certificate of Course Completion in order to verify attendance in order to qualify for payment of Continuing Education Days.
7. Submission of course approval following course completion may not be honored.

Date of Request: \_\_\_\_\_ Course Tuition (Early-Bird Rate): \$ \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ M T W Th F Sat Sun

Name of Course: \_\_\_\_\_

Employee Submitting Request: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_ Primary Treatment Site(s): \_\_\_\_\_

Fax# or address where E&T approval form should be sent: \_\_\_\_\_

**Supervisor:** Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_ Date given back to employee: \_\_\_\_\_

### **\*\*\*\*\* EMPLOYEE MUST SIGN BELOW\*\*\*\*\***

I understand that if I leave employment at Rehabilitation Associates, Inc. within one year of taking this course, I will be required to reimburse the company for the continuing education expenses involved with this course (including, but not limited to, tuition amount, supplies, and wages paid during course days).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Immediately to Education & Training Chair Jan Hollerbach at Fairfield Office**