

**REHAB SERVICES CONTINUING EDUCATION
DUES / FUNDS APPLICATION
(PLEASE COMPLETE ALL ITEMS BELOW)**

Therapist Name: _____ Date: June 28, 2008 SS#: _____

Course Name: “Untangling the Lines to Succeed in ICU” Workshop

Course Location: Vanderbilt

Instructors: _____

Course Description: _____

(CHECK ONE (1) BLOCK IN EACH CATEGORY BELOW)

<u>TYPE OF COURSE:</u>	<u>PURPOSE OF COURSE:</u>	<u>APPLICATION TO PRESENT SERVICE AREA/JOB ROLE:</u>
<input type="checkbox"/> Therapy Techniques	<input type="checkbox"/> New Program Development	<input type="checkbox"/> Strong
<input type="checkbox"/> Research	<input type="checkbox"/> New Skill Acquisition	<input type="checkbox"/> Moderate
<input type="checkbox"/> Supervision	<input type="checkbox"/> Existing Skill Refinement	<input type="checkbox"/> Indirect
<input type="checkbox"/> Administration	<input type="checkbox"/> Dues-Renew/New	<input type="checkbox"/> Nominal
<input type="checkbox"/> Documentation		
<input type="checkbox"/> Billing /Coding		

*Date of Pre-Approval for pertinent time off _____ by _____

Course Hours Earned: _____ Course Dates: June 28, 2008

Number of professional leave days to be used: _____

If other than professional leave days to be used, please explain: _____

Comments regarding course benefits: _____

Planned in-service date: _____ In-service scheduled on Rehab calendar

ENTER ESTIMATED COSTS:

REGISTRATION / TUITION: . . . \$ _____

TRAVEL: . . . Airfare: \$ _____

(_____ miles @ .36 per mile)..... Mileage: \$ _____

(_____ nights @ \$ _____ per night) Hotel: \$ _____

(_____ days @ \$ _____ per day).... Food: \$ _____

Parking / Limo: \$ _____

TOTAL: \$ _____

_____ I WILL REGISTER AND PAY FOR COURSE MYSELF

(All monies will be reimbursed upon course/travel completion, with manager approval.)

_____ PLEASE REGISTER AND MAKE PAYMENT FOR ME TO ATTEND

(Be sure to fill out appropriate forms-see attached ‘Steps for Traveler Document’)

For Administrative Use Only:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Total Amount Approved: \$ _____		
Manager Signature: _____	Date: _____	
In-service Scheduled: _____		