



# Continuing Education Application for Funds

EMPLOYEE INFORMATION	
Print Name:	
Street Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Email:	

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name of Department Manager: \_\_\_\_\_

Check Type of Education:     CEU             Seminar             College Course             Other (Specify Below)

\_\_\_\_\_

## EDUCATION JUSTIFICATION

Is this course mandatory for current position?                     YES                     NO

Is this course mandatory for advancement?                     YES                     NO

Does the department have funds to assist the employee?                     YES                     NO

How will this education benefit the hospital, department, and/or employee? (Attach documentation)

Date of Hire at DCMH: \_\_\_\_\_                    Number of hours worked per week: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT MANAGER SIGNATURE

### **Checklist of Attachments Needed**    (Missing information may disqualify you.)

- Letter of acceptance & tuition bill
- Include documentation of completed registration. Checks will not be written without this.
- Documentation describing how this will help the hospital, department, and/or employee
- Documentation of course description, expenses, etc.
- Employee cover letter stating why he/she is requesting the funds
- Department manager note stating why the employee should receive the funds

→ Take to DCMH Marketing Office to Process. A copy will be sent to an Executive Team Member or DCMH CEO.