



## Centrex Rehab Continuing Education Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Facility: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Brief Description of Course: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would this course benefit Centrex Rehab and the clients that we serve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copy of course information to submit with request.**

I understand that if I am to discontinue my current full-time or part-time employment with Centrex Rehab within six months after completion of the course, I must repay the full amount. If I discontinue my current employment situation with Centrex Rehab between six months to one year after completion of this course, I must repay 50% back. It is expected that I will bring the information learned at this course to the employees of Centrex Rehab and provide an informal inservice to other staff members. Cost of course \_\_\_\_\_.

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

<b>For Regional Director Use Only</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature: _____	Date: _____

**Please fax completed form to the therapy administration office, (952) 346-8680.**