



## 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"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
Signature: _____	Date: _____

Please fax or email completed form to the therapy administration office, (612) 800-5407 or [lfarrell@centrexrehab.com](mailto:lfarrell@centrexrehab.com) Thank you!