



**Out of Hospital Nursing Education Program
Guidelines for Reimbursement
(Conferences/National Certification)
Responsibilities and Process for Reimbursement**

4 WEEKS PRIOR TO THE PROGRAM:

STEP 1:

Employee Responsibility

- Complete "*Application for Out of Hospital Education Program*" (Attached on Page 2)
- Attach description of course with date, location, times, and cost
- Submit to Nurse Manager for approval.
- Receive approval/denial from Nurse Manager (**Signature required**)
- Nurse Manager to submit form to **Maria Alcalá, Coordinator**, Ext: 2304
Location: 5 East Rm. 17

STEP 2:

Nurse Manager Responsibility

- I. Approve program based on:
 - **Appropriateness to position**
 - **Staffing needs of unit**
- II. Sign Approval Form ("*Application for Out of Hospital Nursing Education Program Form*")
- III. Submit form to **Maria Alcalá, Coordinator**, Ext: 2304
Location: 5 East Rm. 17 and forward copy to employee

STEP 3:

Nursing Coordinator, Maria Alcalá, Responsibility

- I. Obtain DON & SVP signature on "*Application for Out of Hospital Education Program*" (Attached on Page 2)
- II. Send letter to employee of Approval/Denial

AFTER COMPLETION OF PROGRAM/NATIONAL CERTIFICATION:

STEP 1:

Employee Responsibility:

- Submit the following to **Maria Alcalá, Coordinator**, Ext: 2304
Location: 5 East Rm. 17
 - Copy of certificate from course/national certification organization (proof of attendance/passing of exam)
 - Copy of proof of payment and Invoice **IMPORTANT!!**
 - Signed form titled "**Conference, Travel, and Other Employee Reimbursement Voucher**" (Attached on Page 3) by Nurse Manager

STEP 2:

Nursing Coordinator, Maria Alcalá, Responsibility

- Obtain DON & SVP signature on "**Conference, Travel, and Other Employee Reimbursement Voucher**" (Attached on Page 3)
- Send a copy of the certificate of attendance to the Educational Center for Professional Development to be entered into Edu-tracker System
- A copy of the National certification is sent to Resource Management to be entered into Res-Q system.
- Forward signed form and proof of payment to the payroll department



Application for Out of Hospital Nursing Education Program

PLEASE FOLLOW "OUT OF HOSPITAL EDUCATION PROGRAM GUIDELINES FOR REIMBURSEMENT"

Applicant:

It is recommended that the application be completed at least four (4) weeks in advance of the program and submitted to the Nurse Manager for approval. Any request received later than 4 weeks will be approved at the discretion of the manager.

Nurse Manager:

After reviewing and signing, forward to **Maria Alcalá** for further approvals.

Date: _____

Name: _____

Position: _____ Clinical Unit: _____ Shift: _____ Extension: _____

Program Title: _____

Date of Program: _____ Registration Fee: _____

Location : _____

APPROVAL BY NURSE MANAGER:

Approved: [] Yes [] No

Comments:

Nurse Manager: _____ Date: _____
Signature required

APPROVAL BY DIRECTOR OF NURSING:

Approved: [] Yes [] No

Director of Nursing: _____ Date: _____
Signature required

APPROVAL BY SVP OF NURSING:

Approved: [] Yes [] No

SVP: _____ Date: _____
Signature required



CONFERENCE, TRAVEL, AND OTHER EMPLOYEE REIMBURSEMENT VOUCHER

Note: Please read policy INST 30 before preparing – Submit properly completed form to Payroll Office.

Name: _____

Annual Budget: _____

Department: _____

Annual YTD: _____

Cost Center: _____

Over (Under): _____

	Prepaid by LH	Paid by Employee
Conference/Seminar Registration Fee:	\$ _____	\$ _____
Name of Sponsoring Organization	_____	
Airline/Railroad Expense:	\$ _____	\$ _____
Mileage _____ x .30 per mile	_____	\$ _____
Other Local Transportation: _____	\$ _____	\$ _____
Hotel Accommodations: From _____ to _____	\$ _____	\$ _____
Meals:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Due Employee (A)	\$ ██████████	\$ _____
Total Prepaid by LHF (B)	\$ _____	\$ ██████████
Total Expenses (A) + (B)	\$ _____	

Note: Original Receipts Must Be Attached

APPROVALS:	Prior Approval	Final Approval
Nurse Manager:	_____	_____
VP/SVP:	_____	_____