



POLICY AND PROCEDURE

SUBJECT: FUNDING AND TIME FOR CONTINUING EDUCATION EXTERNAL TO RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	Policy No.: 703 Revised: Jan 2016 Supersedes: November 2012 Page: 1 of 4
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PURPOSE:

To support staff within the limits of available resources travel and training for continuing education.

POLICY:

1. Support of travel and training will be made based on the department, section, and the employee's educational plan in conjunction with departmental guidelines.
2. Each request must be approved by the Clinical Manager of the section or Recreation Therapy Supervisor before it goes for final approval to the Director of Occupational Therapy and Recreation Therapy and, in the case of travel requests, to Administration.

GUIDELINES FOR APPROVAL:

1. The employee submitting the request has passed the probationary period of employment is performing at a competent level, and plans to continue employment for a minimum of six months following the training.
2. The topic of the continuing education program is compatible with the employee's current assignment and current educational goals, and with the continuing education plan for the department.
3. The individual demonstrates the ability and the willingness to share the knowledge and skill to be gained with other staff upon return from the training.
4. If more than one request is received for the same training program, additional factors that will be considered are:
 - a. Whether the occupational therapist or the certified occupational therapy assistant is a member in good standing of the American Occupational Therapy Association or the Occupational Therapy Association of California.
 - b. Whether the employee is presenting a paper or a poster session at the conference.

- NOTE:**
- 1) Funding for poster or short presentation: only one individual will be funded even if there is more than one author. In such cases, the money allocated may be shared by the authors if they so choose.
 - 2) Poster presentations: the Department will recommend time and partial funding the first time a poster is presented. However, due to limited funds, repeat presentation of the same poster at another conference will be restricted to support of time only.

c. The educational benefit to the employee based on area of assignment.

TIME:

1. Staff may be permitted up to five (5) continuing education days each year. Saturdays and Sundays must be on the staff's own time exceptions may be considered on a case by case situation. The five days do not apply to core skills training as recommended by the supervisor and not available to attend within the facility.
2. Procedure:
 - a. The employee making the request is responsible for exploring feasibility of attending with the Clinical Manager or Recreation Therapy Supervisor.
 - b. The employee submits a Travel Request (Attachment A), and a copy of the conference program to the Clinical Manager for signature prior to forwarding to the OT/RT Director. Any incomplete applications will be returned without action by the Clinical Manager and the Director.
 - c. The request must be in to Administration six weeks in advance. A copy of the approved Travel Request (for paid salary) must be in the office file prior to the day of the training.
 - d. In the event the employee does not submit a Travel Request (for paid salary) six weeks prior to date of the event for Administrative approval, the employee may request to use their own benefit time to attend the continuing education requested.
4. Employees will not be permitted to carry-over unused training days from one year to the next.

FUNDING:

1. FUNDING SOURCES: The employee may request financial assistance from the department depending on availability and the nature of the training.
2. APPROVAL: Funding by the department will be approved by the Director of Occupational Therapy and Recreation Therapy in accordance with department's annual Continuing Education Plan.
3. PROCEDURE:
 - a. Application to the Occupational Therapy and Recreation Therapy Department's Continuing Education Fund may be an option for local, state or national conferences and community workshops. Priority for use of this fund is given to employees who are presenting and/or to annual educational plan top identified priority. Employees are responsible for first discussing the interest with the Clinical Manager or RT Supervisor; then for submitting an Education Request form (Attachment B) and a copy of the conference or workshop program to the Clinical Manager or Recreation Therapy Supervisor.
4. REIMBURSEMENT RATES: Rates of reimbursement are to be determined prior to travel and will be based on funding available.

CONTINUING EDUCATION PROGRAMS SPONSORED BY RLANRC OCCUPATIONAL THERAPY DEPARTMENT:

1. Continuing education programs sponsored by the Department may be considered as an in-service training with a reduced or waived tuition and time granted if the topic is considered essential to meeting the department's orientation or training obligations.
 - a. The topic of the program is relevant to and/or required for the employee's assignment (e.g. manual muscle testing and mobile arm supports for staff assigned to Spinal Cord Injury).

AND

 - b. The employee has no plans to terminate employment for a minimum of six months following completion of the training. (Note: when educational materials are required, the employee may be required to purchase them from the OT/RT Office, if available).

2. An employee who does not meet the above criteria, but wishes to attend a department sponsored workshop, may do so under the following conditions:
 - a. Prior approval is received from the Clinical Manager of the area or Recreation Therapy Supervisor to use accrued time off.
 - b. The employee will pay the registration fee at the rate determined for RLANRC employees.

RESPONSIBILITY OF EMPLOYEES:

1. Employees who are granted time or financial assistance are responsible for making full use of the training by attending all phases of the educational event. The employee may be asked to attend specific sessions in the case of conferences with concurrent sessions or workshops.
2. Upon return from the training, manager will request employees schedule a time to share the information with other staff through presentation at section or departmental meetings, or at lunch hour.
3. If an employee terminates employment within six months of the training, the individual is obligated to repay any money received for the training. Exceptions are:
 - a. If the employee was a presenter at the conference.

OR
 - b. If the employee was requested to attend by the department.

OR
 - b. If the employee was impacted by a staff reduction.

Reference: Administrative Policy and Procedure No. A204, "Request for Approval of Travel and Training".

Director, Occupational Therapy and Recreation Therapy Department

Signature(s) On File



Health Services
LOS ANGELES COUNTY

TRAINING/TRAVEL APPROVAL REQUEST

1. REQUESTOR INFORMATION				
Requesting Facility/Division:	Dept. II:	Date of Request:		
Preparer's Name:	Phone II:	Approval Requested (Check all that apply): <input type="checkbox"/> TRAINING <input type="checkbox"/> TRAVEL		
2. TRAINING/TRAVEL INFORMATION				
Title of Training Program:		Dates of Training and/or Travel:		
Location of Training and/or Travel:	Reservation Dates & Deadline, if any:			
Mode of Travel (if at County expense):	TRAVEL TIME:	AM PM	AM PM	
	Date of Departure	i" IJ	Date of Arrival 0 0	
3. COST		4. TRAINEES (Use a separate sheet to list additional employees):		
Enter "TOTAL ESTIMATED COST OF TRIP" from the "TRAINING/TRAVEL COST ESTIMATE" form:	Name	Employee#	Classification	
	1.			
	2.			
	Registration Advance Requested:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Grant Funded?		<input type="checkbox"/> Yes	<input type="checkbox"/> No Unit Code:
Mileage Permittee(s)7		<input type="checkbox"/> Yes	<input type="checkbox"/> IND	
5. JUSTIFICATION (Use separate sheet, if needed):				
A. Describe how the employee(s) attendance at the training will benefit DHS.				
B. Briefly describe the purpose of the training.				
C. Describe the employee(s) job responsibilities which relate to the training.				
D. Identify the specific knowledge and/or skills the employee(s) will learn from the training.				
E. If applicable, explain why more than one employee should attend.				
6. SIGNATURES:				
Division/Department Head SIGNATURE:		DATE:		
Facility CEO/Executive Team Manager SIGNATURE:		DATE:		
DHS Finance Administration SIGNATURE:		DATE:		
Deputy Director, Administrative Operations SIGNATURE:		DATE:		
This form must be submitted two weeks prior to the training date to the DHS Finance Administration's office at 313 N. Figueroa St., Suite 907, and must include: Original Signatures, Cost Estimate, Quotes for all accommodations arranged through CONCUR, Brochures and/or other Supporting Documentation relating to the training, and a completed "Training/Travel Cost Estimate" form.				

ANNUAL PLAN 2016 PRELIMINARY ESTIMATES
 REQUESTS FOR TRAVEL AND TRAINING

Due Date:

Policy 703 Attachment B

Treatment Area/Service: OT	Date of Request
Submitted by:	Job Title: OT Director
	Supported by: <small>(Administrative Level Staff Member Signature)</small>
Of all your requests for this fiscal year, numerically rank this priority:	
Name of Conference/Workshop	
Date/s of Conference/Workshop:	Location:
Purpose of the Conference/Workshop:	
Expected Outcome of Attendance: <input type="checkbox"/> Ability to teach staff state-of-art treatment <input type="checkbox"/> Improved departmental management <input type="checkbox"/> Individual staff skill development (unable to obtain internally)	
<input type="checkbox"/> Recruitment <input type="checkbox"/> Marketing/Visibility/Networking <input type="checkbox"/> Program development <input type="checkbox"/> Other: Describe:	
How does attendance at conference/workshop meet your documented Goals for the year?	
Specifically, how would the knowledge/skills gained by your attendance be shared within the Department?	
How does attendance at this event relate to OT or RT Vision/Mission/ an d/or Strategic Plan?	
How would attendance at the conference/workshop improve patient care?	