



Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 258
VERSION: 1

SUBJECT: CONTINUING EDUCATION TRAINING REQUESTS

PURPOSE: To define the process for request and approval of Continuing Education Training Time.

POLICY: Licensed and non-licensed staff requesting training time to attend seminars, and/or classes must submit a Training Time Request, A Request for Approval of Training, and a Travel/Training Cost Estimate form.

POLICY GUIDELINES:

Full-time permanent registered nurses are allowed up to a maximum of 40 hours of County paid time during the three-year term of the MOU agreement for the purpose of meeting mandatory continuing education and/or certification requirements.

Part-time permanent registered nurses who work at least 20 hours per week on a continuing basis are allowed a maximum of 20 hours of County paid time not to exceed 20 hours in two (2) years for the above mentioned purpose.

Licensed vocational nurses will be granted County paid time off at the discretion of the Nurse Manager and Chief Nursing Officer or designee.

Certified medical assistants will be granted County paid time off at the discretion of the Nurse Manager and Chief Nursing Officer or designee.

Certified nursing assistants will be granted County paid time off at the discretion of the Nurse Manager and Chief Nursing Officer or designee.

PROCEDURE:

1. Access the Nursing Education web page on HDHS Intranet.
2. On the left side of the screen click on training courses.
3. Scroll down to 'Training Modules.' Under 'Required Training Forms' select RN or LVN Training Form Request.
4. Fill out the form completely (see attached example).
5. Print the form and sign it.

6. Return to the 'Required Training Forms' section and click on 'Training Approval Request.'
7. Fill out the form completely.
 - a. Section 1: Enter title of workshop, class, or seminar.
 - b. Section 2: Enter your department name and cost center
 - c. Section 3: Enter 1 as the number of trainees. A separate Training Approval Request must be completed for each participant.
 - d. Section 4: Check the 'Salary' box.
 - e. Section 5: Enter the address or city and state where the training will be held.
 - f. Section 6: Enter date(s) training will take place.
 - g. Section 7: The cost section has already been populated with zeros (0). **Do not change this section.**
 - h. Section 8: Enter your name and classification.
 - i. Complete the justification section using the instructions supplied in the text box.
 - j. Leave Control No., Dept. Account No., and Date Received sections blank.
8. Print the form. In the white space of Section 7 (Cost) write "Salary Only."
9. Return to the 'Required Training Forms' section and click on Travel/Training Cost Estimate Form.
10. Fill out the form completely. Under Estimated Cost fill out with zeros (0) all the way down. Print the form.
11. Forward all 3 forms along with a copy of the course outline to the Nurse Manager for approval.
12. If approved, the packet will be forwarded to Nursing Education to document the number of training hours the employee has used.
13. Nursing Education forwards the packet to Nursing Administration for signature by the Chief Nursing Officer or designee.
14. If the training request is approved, the packet is sent back to Nursing Education for copying and distribution.

15. Nursing Education will distribute the approved training request as follows:
 - a. Original will be filed in the Continuing Education (CE) Log book.
 - b. Copies will be supplied to
 - Employee
 - Employee's Nurse Manager
 - Timekeeper

16. If the training request is denied, the Nurse Manager/Chief Nursing Officer or designee will document the reason for the denial and return the form to the employee.

17. It is the employee's responsibility to provide a certificate of completion to the Nursing Education Department **and** Nursing Administration within two (2) weeks after completion of the course. Failure to comply will result in a time card adjustment that reflects **AWOP (ABSENT WITHOUT PAY)** for that period of time

18. Retroactive Training Time requests will not be accepted. All Training Requests must be pre-approved unless an exception is made by the Chief Nursing Officer or designee.

REFERENCE:

Memorandum of Understanding (MOU), Registered Nurse Bargaining Unit 311, October 2009 through September 2012

Memorandum of Understanding (MOU), Paramedical Technical Representation Unit 221, October 2009 through September 2012

Approved By: Susan Knapp (CHIEF NURSING OFFICER I)	
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