

**PLEASE FORWARD TO GEORGEANN WILHELM, FINANCE - DOUGHTY ROAD  
Cost Center # 05-2010-2082**

**RN CONTINUING EDUCATION  
REIMBURSEMENT FORM**

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

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

Clock #: \_\_\_\_\_

Dept/Unit: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Eligible for (Pls. Check One):**

\$75

\$125(over 10 yrs. Employment with ACMC)

Home Address: \_\_\_\_\_

Title of Program/Offering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offered By: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Cost of Program: \_\_\_\_\_

CEUs Earned: \_\_\_\_\_

Objectives and outcomes of this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of your CEU certificate and a copy of the registration form/program application, which includes the cost and submit it to your Clinical Director.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Director Signature