



TAHOE FOREST HOSPITAL DISTRICT

POLICY/PROCEDURE

NO. _____

SECTION MEDICAL STAFF / ADMINISTRATION
TITLE: EDUCATIONAL ASSISTANCE FUND FOR
EMPLOYEES

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

POLICY

On an annual basis the Medical Staff of Tahoe Forest Hospital District will set aside a given amount of money to be used by employees who endeavor to advance their level of knowledge in the medical field as a paraprofessional. Review of all educational requests will be considered in May and November each calendar year by the Executive Committee.

PURPOSE:

The fund provides an avenue by which the Medical Staff can assist employees in obtaining educational goals. It is the hope that employees receiving educational assistance will utilize their skills within the Hospital setting, thereby increasing the quality and level of care provided for patients at Tahoe Forest Hospital District.

PROCEDURE:

Criteria for Eligibility are:

- 1) Any person employed at Tahoe Forest Hospital District or at one of the Hospital's associated health services.
- 2) The employee must be enrolled in a college or program and demonstrate proof of enrollment.
- 3) If the request is for an advancement in clinical knowledge, the curriculum must be submitted for review and consideration. Workshops and seminars that are 2-4 days do not meet the criteria for assistance. Specialty certifications taking several weeks to month's education are worthy of submittal for consideration.
- 4) All requests must narratively justify the need for assistance, the course content to be taken and how this additional education will be utilized within the Hospital setting.
- 5) If the request is for books and other needed supplies, an itemized list must be submitted at the time of the request demonstrating how the money will be spent.
- 6) All requests will be reviewed by the Executive Committee for approval or denial. Requests for assistance will be considered bi-annually by the Executive Committee. It is preferable, however, that requests be submitted twice a year at the beginning of each semester.

	EFFECTIVE DATE: 9/12/91
FORMULATED BY: Executive Committee: 8/91	DATE REVISED: 1/20/2005; 2/9/2005
ADMINISTRATIVE APPROVAL:	DATE REVIEWED: 7/1999; 9/11/2002; 11/2003; 2/9/2005; 2/2007
APPROVAL: General Staff: 9/12/91 Executive Com – 7/1999; 9/11/2002; 11/2003; 2/2005; 11/2005	



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REQUEST FOR FINANCIAL ASSISTANCE FORM
From the
MEDICAL STAFF EDUCATIONAL FUND

DATE: _____

NAME: _____

CURRENT HOSPITAL DEPARTMENT OF EMPLOYMENT:

JUSTIFICATION FOR FINANCIAL ASSISTANCE:

TOTAL AMOUNT OF FUNDS NEEDED: _____

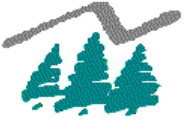
ITEMIZATION IF INDICATED: DOLLAR AMOUNT AND USAGE (I.E., BOOKS, SUPPLES):

DATE AT WHICH FUNDS WOULD BE NECESSARY IF TIMEFRAMES ARE A DETERMINING FACTOR:

SIGNATURE: _____

FOR EXECUTIVE COMMITTEE USE ONLY:

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DATE CONSIDERED BY COMMITTEE: _____

ACTION TAKEN: _____

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