

Department of Professional Development
Training or Certification/Licensure Fee Approval Request

Send Directly to Ann Jamieson at ann@marichealth.com or upload at <http://marichealth.com/login.php> under Training Request.

Once approved, this form must be sent to your assigned accountant for payment

Date Submitted:	
Name:	Position:
Clinic Name:	
A. Title of Training Requested: (Training course description must be attached)	
Justification of training need: (specificity how this training is requisite to your professional development plan)	
Number of ongoing credits:	
Date of training:	Fee:
Training related costs: (Hotel, travel expense, ect, if applicable) <i>Documentation of expenses required.</i>	
B. Request for Licensure/ Certification fee or renewal	
Licensure/ Certification name: _____ Fee: _____	
Indicate whether this is a new licensure/ certification or renewal: _____	

To be completed by Program Director only	
Approved: _____	Not Approved: _____
Reason: _____	
Program Director Signature/ Date	

To be completed by Professional Development only	
Approved: _____	Not approved: _____
Reason: _____	
Professional Development Signature/ Date	