

Funds Available, AO Signature: _____	Date: _____
CAN: _____	

## Nursing & Patient Care Services TRAINING REQUEST

NIHITS Transaction Number:	Date:
Processed by:	Date:

**You must complete the following information or the form will be returned to you. Supervisory signed forms must be forwarded to administrative rep no later than 3-weeks prior to registration deadline date**

**Requestor's Full Name:** \_\_\_\_\_

**Service:** (circle one) ND/OD, ACS, APBH, CACS,      **Unit:** \_\_\_\_      **Unit Tel. # :** \_\_\_\_\_

Are you Managing an Exhibit at a career fair, conference or convention for the Nursing Department:     **No**     **Yes**

**Title of Training:** \_\_\_\_\_

**Dates of Training:** From: \_\_\_\_\_ To:\_\_\_\_      **No. of Hours:** \_\_\_\_\_

**Vendor: (Complete name and address of Organization sponsoring the training, no abbreviations)**

**Tel #:**              **Fax#:** \_\_\_\_\_

Attach original completed  
Registration Form (use black ink)

**Location of Training: (City and State):**

**Justification:** \_\_\_\_\_

**Payment Method:** Will the vendor accept: Gov't Purchase Req.\_\_\_\_ or Gov't Credit Card \_\_\_\_\_

If no to both, for further instructions please contact your Service Administrative Officer prior to submitting this form

Does the Vendor require payment prior to the Training/Conference    No \_\_\_\_ Yes \_\_\_\_ Date due: \_\_\_\_\_

**Funding:** (This form must be signed by your Supervisor and Service Chief prior to registration. The signed form will be forwarded to Administrative Services for payment determination and processing. This training is not **OFFICIAL** until you receive confirmation from the Service Program Support representative.)

**Cost of Training:**    (Tuition and Fees)

(Does not include additional cost for meals, books, banquet fees, etc.)

**Are you Requesting Travel Funds:** No    Yes \_

(This is not an authorization to fund travel. You must submit a Request for Travel form to your supervisor.)

**Approval: (Your signature certifies that this Training Request meets Federal regulation requirements.)**

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	<b>Immediate Supervisor's Signature</b>	<b>Date:</b>
<input type="checkbox"/> <b>Funding Approved</b> <input type="checkbox"/> <b>Funding Not Approved</b>	<b>Chief/Department Head Signature</b>	<b>Date:</b>

## Samples of Justifications for Training Courses

**Tuition Courses:** (to fill in the blanks review the course description located in the school catalog)

- This knowledge is crucial to my position/duties as a \_\_\_\_\_ and will increase my effectiveness in the area(s) of \_\_\_\_\_.
- In this class, I will learn and gain knowledge of \_\_\_\_\_, \_\_\_\_\_, which will I will apply to perform my duties in the area(s) of \_\_\_\_\_
- This course will help me understand the basic concepts of \_\_\_\_\_, I will be able to apply this information to \_\_\_\_\_
- In this course I will examine the techniques, theories, concepts required to provide support in the area(s) of \_\_\_\_\_
- This course will help me to have a greater understanding of \_\_\_\_\_ which are important in research \_\_\_\_\_. Topics will include \_\_\_\_\_.

**Continuing Education Training:**

- As an advance practice nurse in \_\_\_\_\_, this course will help me to continue to expand my knowledge and skill in this area.
- Attending this course will afford me the opportunity to keep abreast of the latest findings, history, management techniques, role (choose one) in \_\_\_\_\_
- This training will contribute to my skills in \_\_\_\_\_ as it will expand my knowledge of the \_\_\_\_\_.
- This training will teach positive techniques for working with difficult people and will greatly enhance my customer service skills.
- This course will help me to improve my writing skills in order to communicate more effectively with patients and co-workers
- This conference offers many seminars in the area of \_\_\_\_\_, and \_\_\_\_\_ which will greatly enhance my knowledge \_\_\_\_\_.
- This intensive training will help develop \_\_\_\_\_ skills and \_\_\_\_\_ techniques which will enhance my leadership skills.
- To expand my knowledge of \_\_\_\_\_ so that I continue to demonstrate growth and excellence in my nursing practice.
- To improve and update my professional \_\_\_\_\_ practice which is consistent with current and future Clinical Center needs.