

**Fairview Rehabilitation Services
Contract for Professional Association Dues Payment
Specialization Certification Payment**

*Revised 02/05

To be completed by the Employee:

PLEASE PRINT

Employee Name: _____		Job Title: _____	
Person #: _____		Authorized Hrs _____	
Home Address _____	City _____	State _____	Zip _____
Clinic Name & Dept. Location: _____			
Clinic/Dept. Phone # _____		Home Phone Number _____	
Name of Professional Association (for dues payment) _____			
Name of Specialization Certification (for payment requested) _____			

Professional Association Dues Payment Policy:

50% of annual professional membership incurred from state and/or national organizations may be taken out of an employee's CE allotment if:

- Authorized hours are equal to or greater than 40 hours per pay period
- Employee attends greater than or equal to 2 local chapter business meetings or participates on one national committee as indicated. *ATC employees must participate on one state, district or national committee or attend a state/district business meeting

*Reimbursement does not include special section dues or other miscellaneous fees.

*If the employee resigns or changes status to less than 40 hours per pay period within 12 months of reimbursement, he/she will be responsible for 100% of the costs.

Specialization Certification Payment Policy:

Fairview Rehabilitation Services will provide reimbursement for certification in an area of specialization pre-approved by the FRS Administrative Team. Reimbursement amount will be based on overall cost. Exam, transportation and lodging costs will be considered.

*If the employee resigns within 1 year following the certifications, he/she will be responsible for 100% of the full costs incurred.

Signature of Employee Date

Signature of Supervisor Date

Signature of Director Date