

Policy and Procedure

I N T E G R I S <i>Health.</i>	ENTITY/HOSPITAL	NUMBER
	INTEGRIS Jim Thorpe Rehabilitation	1.0
	DEPARTMENT	EFFECTIVE DATE
	INTEGRIS Jim Thorpe Clinical Development	March 2013
	SUBJECT	REVISED
	Course Cancellation for Comanche County Memorial Hospital (CCMH)	

1.0 PURPOSE:

- 1.1 To ensure that Clinical Development Department dollars are appropriately utilized
- 1.2 To hold accountable the CCMH Therapist for their commitment to attend course offerings
- 1.3 To ensure that the Therapist at CCMH has appropriate placement in courses

2.0 POLICY:

- 2.1 A CCMH Therapist who registers for a course with limited seating will be required to provide at least a ten (10) day cancellation notice prior to the course date in order to not incur a penalty.
 - 2.1.1 Course cancellation must be in writing to the Rehabilitation Development Consultant in the Clinical Development Department. Written communication can be a handwritten notice or an electronically signed notice.
- 2.2 A CCMH Therapist who registers for a course with limited seating will be required to pay 50% of the cost if he/she does not give notice at least ten (10) days in advance of the course date or no shows on the day of the course.
 - 2.2.1 If the therapist's registration is able to be filled prior to the course, the therapist will only incur an administrative processing fee of 5%.
- 2.3 Prior to registration, the CCMH Therapist will sign a waiver agreeing to the above terms. The waiver will be a document requiring payment of the amount due in the event of late cancellation, or if the Therapist does not show for the course. The waiver can be signed manually or electronically and submitted to the Rehabilitation Development Consultant. Official registration will not be complete for the therapist until a signed waiver is received (Addendum A).

3.0 RESPONSIBLE:

- 3.1 Within two (2) weeks of the course, the Clinical Development Department will be responsible to give managers the final roster for courses that have limited seating.
- 3.2 The Clinical Development Department will be responsible to inform each registered therapist and their manager of their approved registration to each course that has limiting seating.

4.0 PROCEDURE:

- 4.1 Once a course is decided and the enrollment is set, the Clinical Development Department will then inform the managers of the limited enrollment and ask for the number of staff and/or which staff they want to attend the course.

- 4.2 Managers will provide the Clinical Development Department their list of staff they wish to attend the course at least four (4) weeks prior to the course date.
- 4.3 Once the course enrollment is full, other staff members will be placed on a waiting list. The Clinical Development Department will send the registration to the managers within one (1) month of the course date after receiving all lists from managers.

5.0 UNFORSEEN EVENTS

- 5.1 During times of unforeseen events, Therapists may not be required to pay the cancellation fee. This will be determined on a case-by-case basis.
- 5.2 Approval to not be assessed the cancellation fee will need to be made by the immediate Manager, Administrative Director, and/or the Director of Clinical Development
- 5.3 The Therapist may need to provide appropriate justification for the reason of cancellation or for not attending the course.
- 5.4 Unforeseen events may include:
 - 5.4.1 A death in the family
 - 5.4.2 Severe illness
 - 5.4.3 Inclement weather
 - 5.4.4 Natural disaster

Addendum A
INTEGRIS Jim Thorpe Rehabilitation
Comanche County Memorial Hospital
Therapist Cancellation Waiver

I _____ (print name) agree to the Course Cancellation Policy. I understand that if I do not provide the Clinical Development Department a notice within at least ten (10) days in advance of the course, that I will be responsible for 50% of the course cost. If, however, my registration is filled by another participant, I will be responsible for a five (5) percent administrative processing fee. If I do not attend the course on the day of the event, I also will be responsible for 50% of the cost, which will be paid to the INTEGRIS Jim Thorpe Rehabilitation Clinical Development Department.

Signature

Date