



SEIU UHW - WEST & JOINT EMPLOYER

EDUCATION FUND

PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION • FALL 2009

To be eligible to apply for the Professional Development Program, you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for a contributing employer.
- 2) Be a regular full- or part-time employee eligible for benefits.
- 3) Have completed your initial probationary period.
- 4) Classes are only open to employees who work in the indicated job classification(s) and/or hold the indicated license.

Please check with your accrediting agency to make sure they will recognize your class. For more information on the Continuing Education credit available see our website

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER XXX-XX- _____	**EMPLOYEE ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #	HOME PHONE ()	
CITY	STATE	ZIP CODE	WORK PHONE ()	
BIRTHDATE _/_/___	SEX	RACIAL ETHNIC BACKGROUND (OPTIONAL) <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____	CELL PHONE ()	
EMAIL ADDRESS			BEST TIME TO CALL	

2. PROGRAM/COURSE INFORMATION

LOS ANGELES COURSES		BAY AREA COURSES	
<u>NURSES</u> <input type="checkbox"/> STROKE - 10/8/09 <input type="checkbox"/> SEPSIS - 10/22/09 <u>RESPIRATORY THERAPISTS</u> <input type="checkbox"/> VENTILATOR & TRACH CARE 9/16/09 <u>MULTIDISCIPLINARY WORKSHOP</u> <input type="checkbox"/> PALLIATIVE CARE 11/19/09	<u>BEHAVIORAL HEALTH</u> <input type="checkbox"/> TRAUMA AND DISSOCIATION- 10/2/09 <input type="checkbox"/> LAW AND ETHICS - 11/12/09 <input type="checkbox"/> LOSING YOUR KEYS - 12/1/09 <u>IMAGING</u> <input type="checkbox"/> TRAUMA RADIOLOGY 10/17/09	<u>BEHAVIORAL HEALTH</u> <input type="checkbox"/> LAW AND ETHICS - 9/24/09 (OAKLAND) <input type="checkbox"/> DEPRESSION AND ANXIETY - 10/23/09 (OAKLAND) <input type="checkbox"/> DOUBLE DUTY: DUAL DIAGNOSIS - 11/16/09 (OAKLAND) <input type="checkbox"/> UNDERSTANDING HOSPICE CARE - 10/7/09 (SACRAMENTO) <u>RESPIRATORY THERAPISTS</u> <input type="checkbox"/> VENTILATOR & TRACH CARE 9/23/09 <u>MULTIDISCIPLINARY WORKSHOP</u> <input type="checkbox"/> PAIN MANAGEMENT 11/4/09	<u>IMAGING</u> <input type="checkbox"/> TRAUMA RADIOLOGY - 10/16
SAN DIEGO COURSE <u>9/26 BEHAVIORAL HEALTH</u> <input type="checkbox"/> OCD - 9/25/09	COLORADO COURSE <u>IMAGING</u> <input type="checkbox"/> TRAUMA RADIOLOGY - 9/26/09	LAS VEGAS COURSES <u>IMAGING</u> <input type="checkbox"/> TRAUMA RADIOLOGY 11/21 <u>RESPIRATORY THERAPISTS</u> <input type="checkbox"/> VENTILATOR AND TRACH CARE 10/7	LAS VEGAS COURSES <u>MULTIDISCIPLINARY WORKSHOPS</u> <input type="checkbox"/> DEALING W/ DIFFICULT PEOPLE 10/28 <input type="checkbox"/> STRESS MANAGEMENT 11/19 <input type="checkbox"/> PAIN MANAGEMENT 9/26

3. EMPLOYMENT INFORMATION

EMPLOYER	FACILITY	DEPARTMENT
DATE OF HIRE ___/___/___	WAGE	JOB TITLE
BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hrs/Wk	LICENSE TYPE:
SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	LICENSE NUMBER:
UNION REPRESENTATION (CHECK ONE) <input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250/399) <input type="checkbox"/> SEIU 1107 <input type="checkbox"/> NONE <input type="checkbox"/> SEIU 105 <input type="checkbox"/> SEIU 49 <input type="checkbox"/> SEIU 121RN <input type="checkbox"/> OTHER : _____	FOR OFFICE USE ONLY	

4. CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the Education Fund may share my name and contact information with my employer and the school or training institution in order to verify my eligibility and enrollment status. I understand that specific information related to my academic performance will not be shared with my employer.

APPLICANT'S SIGNATURE

APPLICATION DATE

*REQUIRED: Only list the last 4 digits of your social security number

REQUIRED Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.FAX to: 866-824-9530 ATTN: PROFESSIONAL DEVELOPMENT**

For more information, call 866-804-2250

Application submission does not mean acceptance to course. Our staff will contact you to let you know if you are eligible and there is space in the class for you to attend. If it is a week before your course and you have not heard from our staff, contact us at the number above. Walk-in's are not allowed and will be turned away at the door.