



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

FREE 24-Hour MEDICAL TERMINOLOGY

- Need to enhance your understanding of medical terms?
- Want to improve your communication with medical staff or patients?
- Interested in a position that requires you to pass the KP Medical Terminology Test?

Learn Medical Terminology interactively over 3 days. Receive a certificate on completion.

When: Friday, August 27, 2010
Monday, August 30, 2010
Friday, September 3, 2010
(All 3 days are required)

Time: 8:00 am to 5:00 pm
each day

Where: Kaiser Santa Rosa

Deadline to Apply: August 11, 2010



Am I Eligible? Yes if you:

- Work in a participating SEIU bargaining unit position for a contributing employer.
- Are a regular full- or part-time employee eligible for benefits.
- Have completed your initial probationary period.

Please see reverse for application and instructions.

For more information, please contact **Maggie Newcomb**
Phone: 916-444-5037 email: mnewcomb@seiu-uhweduc.org



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EDUCATION FUND

MEDICAL TERMINOLOGY APPLICATION • AUG 27, 30 & SEPT 3, 2010 SANTA ROSA

To be eligible, you must meet the following criteria:

- Work in a participating SEIU bargaining unit position for a contributing employer.
- Be a regular full- or part-time employee eligible for benefits.
- Have completed your initial probationary period.

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

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|---|--|---|----------------------|----------------------|
| 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. COURSE INFORMATION | | | | |
| <p>FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST PROVIDE THE FOLLOWING DOCUMENTS:</p> <ul style="list-style-type: none"> • Completed Program Application AND • Copy of a recent pay stub AND • Copy of photo ID <p>PLEASE FAX ALL REQUIRED DOCUMENTS TO 877.433.0613 BY AUGUST 12, 2010.</p> | | | | |
| 3. EMPLOYMENT INFORMATION | | | | |
| EMPLOYER | | FACILITY | DEPARTMENT | |
| DATE OF HIRE ____/____/____ | HOURS/WEEK | JOB TITLE | | |
| BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO | WAGE | SUPERVISOR/MANAGER'S NAME | | |
| SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> PER DIEM | SHIFT <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS | SUPERVISOR'S E-MAIL | | |
| UNION REPRESENTATION (CHECK ONE): <input type="checkbox"/> SEIU 1107 <input type="checkbox"/> SEIU 105 <input type="checkbox"/> SEIU 49 <input type="checkbox"/> SEIU 121RN <input type="checkbox"/> OTHER : _____ | | SUPERVISOR'S PHONE () | | |
| ARE YOU IN REDEPLOYMENT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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 | |
| <p>*REQUIRED: Only list the last 4 digits of your social security number. Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.</p> <p style="text-align: center;"> Send application & documents to: <i>Maggie Newcomb</i> Use one of the following methods Fax: 916-448-2401 Email: mnewcomb@seiu-uhweduc.org Mail: 2000 O Street, Suite 240 Sacramento, CA 95811 Questions? Phone Maggie: 916-444-5037 </p> | | | | |