

## Registration Form for Johns Hopkins University Trainees (house staff and clinical fellows), Faculty and Staff

**Genes to Society: Genetic Medicine for the Health Care Provider  
September 10 & 11, 2009**

**Fax: 866-510-7088**

To Register: **Trainees** must fax a photocopy of their JH badge along with this completed form to the CME office. **Faculty and staff** must fax a copy of their tuition remission form along with this completed form to the CME office.

Please print or type clearly:

Last name

First name

Middle Initial

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Primary degree (for name badge)

Primary Specialty

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Preferred mailing address

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City

State

Zip

Country

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Daytime Telephone

Fax number

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Email

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You will receive confirmation notice by email if you provide your email address

- Check here if you wish to receive email or fax notices about upcoming CME activities.
- Check here if you plan to attend the complimentary social event immediately following the lectures on September 10<sup>th</sup>.

What do you hope to learn by attending this activity? \_\_\_\_\_

\_\_\_\_\_

Please notify us if you have special needs. \_\_\_\_\_

Use this form if you are **Faculty or Staff** at  
**The Johns Hopkins University**  
**Tuition Remission Benefit Application**

Date \_\_\_\_\_

Academic Term

**INSTRUCTIONS:** Complete and submit this form to the JHU Registrar's Office of the academic division offering the course you have selected. One form is required for each course. The applicant is responsible to read the description of the Tuition Remission Plan which is offered here, and to provide accurate information.

Employee Name \_\_\_\_\_ Telephone # \_\_\_\_\_

SS # \_\_\_\_\_ JHED ID \_\_\_\_\_ Employment Date \_\_\_\_\_ Dept Code \_\_\_\_\_

**ELIGIBILITY:** Full-time JHU faculty and staff, and their spouses and dependent children qualify for Tuition Remission after the employee completes 90 days of full-time employment at JHU. Retirees, their spouses and dependent children are also eligible for tuition remission for Johns Hopkins courses. Employees who participate in outside (non-JHU) courses to maintain a license that is a prerequisite for their current job are also eligible for tuition remission.

**PAYMENT ALLOWANCES:** Payment allowances are for part-time study. Courses must be offered through the continuing education unit of one of JHU's academic divisions or CTY. Outside courses taken for continuing education units, as well as conferences and seminars that are both required to maintain a professional certification for the job and regulated by the state licensing board are also covered. Note, if the course does not meet both requirements, the department may pay, and the department benefit is not taxable to the employee. The plan covers both credit and non-credit courses. The maximum Tuition Remission available to employees (including all eligible members of the household) for credit courses is the value of part-time study not to exceed \$5,250 in a calendar year. Each year the Tuition Remission limit begins with Intersession and Quarter 3 courses and ends with Fall and Quarter 2 courses. Tuition Remission does not cover tuition costs for courses not completed (withdrawn from or dropped).

**COURSE INFORMATION:**

Course Number: 80020727 Course Title: Genetic Medicine for Health Care Provider Course Cost: \_\_\_\_\_

Course Type:

Course Offered:

**AGREEMENT:** The Tuition Remission family limit for credit courses for the calendar year is \$5,250 and family members may spend the \$5,250 in any academic period across the calendar year as long as they maintain part-time status and stay within the spending limits established by the schools. I agree to track my family's use of Tuition Remission for academic credit courses. I hereby certify that I have read the Tuition Remission policy that applies to me, that all the information I have provided here is accurate, and that I have been in benefits eligible status for 90 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full time eligible position.

Faculty's or Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR APPROVAL:** By signing this form, I am hereby confirming that the employee named above: 1.) is eligible to receive the Tuition Remission benefit, and 2.) has my permission to be released from work for this course if it is offered during work hours, and 3.) may attend this course without waiting the 90 days required for new employees (as this course is a requirement of the job).

**For Non-Credit Professional Development courses only, forms will not be processed without the appropriate budget number being provided.** I certify that this course is valuable to the professional development of the above named individual. I authorize the University to charge my department's (unrestricted) budget number \_\_\_\_\_ for the remission received for JHU courses if the individual does not attend or fails to cancel with one week's advance notice.

Supervisor's or Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this application is for a retiree, the application must be approved with signature by the divisional Human Resources Office or the Benefits Service Center confirming the employee's retirement status before the retiree can participate in the program.

~~HR Approval for Retirees: \_\_\_\_\_ Date: \_\_\_\_\_~~

FOR COMPLETION BY JHU DIVISIONAL BUSINESS OFFICES

Total Tuition	Authorized Signature:  Date: (DBO: Return to the Education Assistance Benefits Office)
Remission Remitted	
Student Amount Due	

**Click Here to Print Form and Mail, Fax, or Carry it to the School when you register**