



PROFESSIONAL EDUCATIONAL PLAN

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LANGUAGE BENEFIT APPLICATION FORM

Eligibility: House Staff Officers on HHC payroll

How to Receive Benefit?

Members will **not be reimbursed** for any items purchased from our contracted providers. *The Plan will purchase a DVD, CD, language course program or a subscription from an approved provider. PEP retains the right to approve or reject the claims for language course or program from non-contracted providers to a maximum of \$125 per plan year.*

- § Complete application form.
- § Expenses for meals, travel and lodging will not be reimbursed.
- § Submit approval as to the relatedness of the language must be secured from your Chairperson (page 2). Where approval is denied, written appeal may be made to the PEP Trustee Board.
- § All applications must be submitted to the PEP office at the above-mentioned address while you are on HHC payroll only.

SECTION A: Please complete the following:

Participant's Name: _____ Social Security No.: _____
(Last Name) (First Name)

Home Address: _____

(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____ Hospital employed: _____ Dept. _____

Check one: PGY Level: ___ Chief Resident ___ Fellow ___

Online course or language software:

q Rosetta Stone - Arabic, Chinese (Mandarin), Dutch, English (American), English (British), French, German, Greek, Hebrew, Hindi, Irish, Italian, Japanese, Korean, Persian, Polish, Portuguese (Brazil), Russian, Spanish (Latin American), Spanish (Spain), Swedish

Choose **one** language from the above list: _____

OR

q Interactive Drama - Spanish CD tutorial training program.

(IMPORTANT: See side 2 for Section B)

9/24/09

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SECTION B: Please complete the following if you wish to get authorization to use a non-contracted provider:

Name of language software or online course: _____

Language: _____

If online course, website or URL: _____

Description of chosen course. Please state why you have did not choose either Rosetta Stone or Interactive Drama.

Have you submitted for language benefit reimbursement any other time this plan year?

No _____ Yes _____ If yes, date submitted: _____

Are you eligible for reimbursement from an alternate source?

No _____ Yes _____ If yes, how much: _____ (attach proof)

Resident's Signature: _____ Date: _____

I approve this language as being related to professional training.

Chairperson's Name _____

Chairperson's Signature _____ Date: _____ Dept.: _____

For Office Use Only	
<input type="radio"/> APPROVED	<input type="radio"/> DENIED
Date: _____	Signature: _____
Reason: _____ _____ _____	