

Trainee Information:		
Name (Last, First):		Employee ID #:
Residency/Fellowship Program:		Phone:
Program Year:	Email Address:	

Degree or Certificate Program: Choose an item. Term: Choose an item. Year: 20____

How will this Certificate or Degree benefit your professional development and please provide timeline for degree/certificate completion?

Requested Courses:

<u>CRN #</u>	<u>Course #</u>	<u>Section #</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Class Time</u>

PLEASE READ CAREFULLY:

Trainees should review the [USF ETP website](#) for important information related to eligibility, taxes, deadlines, and courses that are eligible. **It is the responsibility of the Trainee to ensure forms are submitted on-time and to follow the USF ETP guidelines related to registering and dropping classes and paying any remaining balance. Failure to complete courses will exclude the Trainee from the ETP in the future.**

TRAINEE CERTIFICATION

I certify that the information furnished above is accurate and that I have read and understand the ETP procedures and deadlines.

(Employee Signature)

*(Date)***PROGRAM DIRECTOR APPROVAL**

As the Supervisor of the Trainee named above, I certify that the Trainee is in good standing in the program and has not had a substandard performance rating on their most recent evaluation (cannot be reflected as Needs Improvement or Unsatisfactory). In addition, the Trainee is not on an active performance improvement or remediation plan and has not been subject to discipline in the last 12 months. I also certify that the time used by the employee to attend the course(s) is in accordance with applicable USF regulations, policies and procedures.

(Program Director Name)

(Program Director Signature)

*(Date)***GME APPROVAL**

(GME Director Name)

(GME Director Signature)

(Date)