

FULL NAME: _____
FIRST MIDDLE LAST

EMAIL ADDRESS PHONE NUMBER PHONE TYPE

ADDRESS: _____
STREET CITY STATE ZIP

PLEASE READ AND COMPLETE THE FOLLOWING STATEMENT CAREFULLY

I am currently in my 4th, 8th, or any multiple of 4th rotation of the program. I would like to request an extension to continue as a Care Extender. I understand that only Care Extenders in “good” standing will be allowed to stay beyond the four required rotations. I also understand that my extension approval is contingent on my TB and CPR renewal. A TB test is required annually. American Heart Association Basic Life Support for Healthcare Providers (CPR) is required every two years. This form needs to be completed the second week of the rotation. I have read and understand the above reorientation policy. My reason(s) for this request is/are:

REQUIRED CLEARANCE

This form is due the second Wednesday of the rotation prior to you completing your annual commitment; rotations on LOA count as one of the rotations (i.e. if worked 3 rotations and took a leave for the full 4th, the form is due during that 4th rotation while you are on LOA). After submission of the Extension Form, your file will be reviewed and you will be contacted if you qualify for an extension.

TB and CPR must be updated prior to their expiration to avoid inactivation.

In addition, completion of a reorientation quiz, Safe Patient Handling module and Orientation Competency Assessment/Performance Evaluation need to be completed in order to successfully complete the extension process.

The extension process, with all supporting documentation, must be completed annually to continue the program.

Signature (type full name if filled electronically)

Today's Date (mm/dd/yyyy)