



Education & Development

Employee SLP Registration Form

***Completion of this form is not necessary when the team member completes the SLP program electronically**

Submit this completed form along with your payment (payable to Orlando Health) to:
E&D-REG ● Mail Point 14 ● ORLANDO HEALTH ● 1414 Kuhl Ave. ● Orlando, FL 32806
Dept. Phone: 321-841-5144 Main FAX #: 407 649-6937

Please PRINT – must be filled in COMPLETELY to be accepted for registration

All information must be legible to be accepted for registration

Today's Date _____

Name of Self-Learning Packet _____

Name (please print) _____

Employee I.D. number _____

Mailing Address _____

Home Ph. # _____ Fax # _____ Cell Ph. # _____

Work Ph. # _____ Cost: _____

RN LPN CT RT Rad Tech Lab Other Professional License # _____
(Required for Continuing Education)

One of the following payment options must be selected to process registration:

No Charge

Payroll Deduction *Sign Payroll Deduction Information below to complete registration.

Employee Signature

Department to Pay Approval: Dept # _____ *Sign Payroll Deduction Information below to complete registration.

Dept. Manager Signature

***Orlando Health Payroll Deduction Information**

I understand that the above fee will be deducted from my paycheck. If my department is to pay and I do not pass the course, the entire cost of the course will be deducted from my paycheck.

X _____
(Employee's Signature) (Date)

This section to be completed by Education & Development
***Sign Payroll Deduction Information below to complete registration.**

Deduct the total fee for class: [_____] Account # _____