

**Talent Management and Organization Development
Professional Coding for Medical Specialties**

FAX form to 443.997.6867

Name	Personnel Number
JHU Department	JHU Phone
	JHU Fax
JHU Address	E-mail Address

The following classes will be held at 1101 E. 33rd Street, Room B102 from 9:00 am – 4:00 pm

(X)	Course Title	Date
	Module 1: Medical Terminology for Coders	October 15, 2009
	Module 2: Anatomy and Physiology for Coders	October 29, 2009
	Module 3: Introduction to CPT & HCPCS Coding	November 12, 2009
	Module 4: Introduction to ICD-9-CM Coding	December 17, 2009
	Module 5: Evaluation and Management Services	January 14, 2010
	Module 6: Surgery – Integumentary / Musculoskeletal Systems	March 11, 2010
	Module 7: Respiratory and Cardiovascular Surgery	March 25, 2010
	Module 8: Digestive Surgery	April 8, 2010
	Module 9: Genitourinary Surgery	April 22, 2010
	Module 10: Surgery of Nervous, Auditory & Ocular Systems	May 13, 2010
	Module 11: Anesthesia, Radiology & Pathology Coding	May 25, 2010
	Module 12: Medicine Services Coding	June 10, 2010

Budget Authorization (Registration will not be processed without a valid cost center number, internal number, check, or money order.)

Please check the box that applies to your employment status.

I am a full- or part-time university employee. Charge this internal order or cost center number if I do not attend, (and fail to cancel with seven day's notice), arrive too late to join a class that is already in progress, or fail to complete the full session.

I am NOT employed by the university but work in a department that has a university internal order or cost center number. Charge the cost of my training to this number.

I am a non-university employee. I have attached a copy of my check requisition or personal check, made payable to *The Johns Hopkins University*, and mailed it to the TMOD Project Management Office, 1101 E. 33rd Street, Suite C130, Baltimore, MD 21218.

Please provide one of the required forms of budget information:

SAP Internal Order number _____

Signature _____

OR

SAP Cost Center number _____

Signature _____

Only internal order and cost center numbers of non-sponsored accounts will be accepted for registration.

Supervisory Approval (Supervisory approval is required to release staff for time away from the office.)

Supervisor's Name _____

Supervisor's Signature _____

By signing above, I accept and understand the Staff Development Remission policy.

Please allow a 48-hour turnaround time for your confirmation notices. Confirmation notices will be sent via the information listed on this form. Courses for which faculty/staff register and attend are charged to staff development remission. The departmental cost center number authorized on this form will be charged if a faculty/staff member registers but does not attend and cancel without at least one week's notice or arrives after the start of the session.

Questions? Please contact:

Talent Management and Organization Development Project Management Office
1101 E. 33rd Street, Suite C130, Baltimore, MD 21218 / Phone 443.997.6811 / FAX 443.997.6867