

UCDMC Health Information Management Department
Education and Training Request
2315 Stockton Blvd. Medical Records Building, Suite 2216
Ph: 916-734-0559 Fax: 916-734-7126
www.ucdmc.ucdavis.edu/himetp

Date: _____
Requester: _____ Title: _____
Phone#: _____ Email: _____
Department: _____ Cost Center: _____
Contact Person (if different than Requester): _____ Title: _____
Phone#: _____ Email: _____

Please select type of Training: (select all that apply)

Formal Classroom Training:

- EMR Inpatient EMR Ambulatory EMR ED EMR View Only

On Site Training:

- EMR Inpatient EMR Ambulatory EMR ED EMR View Only

*If you are requesting On-Site training have you attended our formal EMR class or our EMR elearning class?

Yes No If yes, please indicate date: _____

Documentation, Billing & Coding Training:

- Physician Documentation Review EMR Tools – Documentation for Billing Optimization
- E/M Trend Analysis Billing Compliance Education
- Physician Query Process Coding Education
- DRG Assurance Program Overview Quantim Encoder Training
- Other - please specify: _____

Business reason (justification) for training selected: _____

Target Audience: Physician Resident Fellow Nurse Medical Student Coder

Other - please specify: _____

Specialty: _____

Attendees:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

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Name: _____ Name: _____

Preferred Location / Date / Time *(Please provide three (3) different dates and times and indicate Yes or No if the facility location is reserved) :*

Location / Date / Time: _____

Reserved: Yes No

Location / Date / Time: _____

Reserved: Yes No

Location / Date / Time: _____

Reserved: Yes No

Additional Comments: _____

HIMETP Received by Staff Initials:	Priority:
Date HIMETP Received Request:	HIM Approval:
HIMETP Staff Assigned to Request:	Date HIMETP Contacted Requester:
Final Disposition of Request:	Email Date/Staff Initials: