

ACCREDITED CONTINUING EDUCATION

VISITING FACULTY FUNDING FORM**RSS DETAILS**

CID: _____ RSS Title _____

Presentation Date _____

Speaker Name _____

Speaker Affiliation _____

FUNDINGNo honorarium or speaker travel expense reimbursement. ¹Department will pay honorarium and/or speaker travel expense reimbursement. ²An educational grant will support the honorarium and/or speaker travel. ³**RSS COORDINATOR SIGNATURE**

Signature: _____ Date: _____

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