

**Purpose:**

Emergency medicine is a high-risk liability exposure. BETA Healthcare Group (BETA) believes that proactive intervention such as continuing education may help reduce claims. To meet that objective, BETA will fund tuition for Emergency Department (ED) Physicians, Physician Extenders (PA, NP) and exempt management staff (Department Administrator, Assistant Department Administrator, Educator etc.) to enhance education addressing high-risk issues in the emergency department, in accordance with this policy.

**Scope:**

This policy applies to members and insureds of BETA, which includes BETA Risk Management Authority and Health Providers Insurance Reciprocal, a Risk Retention Group.

**Recommendations for use of the education funds:****Conferences**

- r The Center for Emergency Medical Education (CEME) - *High Risk Emergency Medicine*:  
Visit <http://www.ceme.org> or call (800) 651-2363.
- r The University of California, San Francisco, Department of Emergency Services – *High-Risk Emergency Medicine*:  
Visit <http://www.cme.ucsf.edu> or call (415) 476-5808.
- r The University of California, Davis - *Emergency Medicine Update*:  
Visit <http://cme.ucdavis.edu/conferences> or call (916) 734-5390.

**On-line Modules**

- r The Sullivan Group: Visit <http://www.thesullivangroup.com>.
- r Oakstone Medical Publishing: Visit <http://www.cmeonly.com>.

**LLSA Modules**

- r Keep current on high-risk practice issues while maintaining your board certification through educational opportunities such as those offered through Challenger. Visit [www.chall.com](http://www.chall.com).
- r Other Emergency Medicine seminars that have prior approval by BETA.

**Guidelines:****1. Tuition**

BETA will reimburse up to \$500 in tuition for Emergency Department (ED) Physicians, Physician Extenders (PA, NP) and exempt management staff (including Department Administrator, Assistant Department Administrator, Educator etc.) interested in attending a seminar approved by BETA.

**2. Required Documents**

- r Reimbursement form
- r Confirmation of course registration, invoice or proof of payment and
- r Certificate of attendance

**3. Reimbursement Checks**

Reimbursement checks will be issued within ten business days following the receipt of your request.

**4. Deadline for Submission**

Requests for reimbursement must be submitted within the policy coverage period. Requests submitted after the policy coverage period has ended will not be processed and remaining funds will be forfeited.



# Emergency Medicine Education Fund

For reimbursement, please fill out the form below and send to:

Risk Management - Admin

BETA Healthcare Group  
330 North Brand Blvd, Suite 1090  
Glendale, CA 91203  
818.242.0123 **MAIN** | 818.547.3888 **FAX**

ATTENDEE NAME	
HOSPITAL/FACILITY/MEDICAL GROUP	
<b>COURSE INFORMATION:</b>	
TITLE	
DATE	LOCATION
Reimbursement amount (up to \$500 maximum): \$ _____	
<i>Please attach the confirmation of registration, payment invoice and certificate of attendance with this form.</i>	
<b>Make check payable to:</b>	
NAME	
MAILING ADDRESS	PHONE NUMBER/EMAIL ADDRESS