



May 28, 2026

Continuing Education Reimbursement Request

Dr. _____ hereby requests Continuing Education (CE) reimbursement for the following course:

Course Requested: _____
Course Cost: _____

As outlined in the Doctor Employment Agreement:

Continuing Education: The Practice will provide continuing education benefits based on a three-day-per-week schedule, prorated accordingly for fewer days worked per week, as follows:

- **Year 0** (Effective Date through December 31 of that year): No required CE hours; however, the Dentist is encouraged to pursue continuing education with reimbursement of up to \$2,000.
- **Year 1** (First full calendar year following the Effective Date): 20 CE hours annually with reimbursement of up to \$2,500.
- **Year 2:** 20 CE hours annually with reimbursement of up to \$2,500.
- **Year 3:** 30 CE hours annually with reimbursement of up to \$3,000.
- **Year 4:** 40 CE hours annually with reimbursement of up to \$4,000.
- **Year 5 and Beyond:** 50 CE hours annually with reimbursement of up to \$5,000.

In addition, upon mutual agreement between the Practice and the Dentist, the Dentist may attend CE courses exceeding the reimbursement amounts listed above, and the Practice may elect to fund such additional expenses.

For every additional \$1,000 in CE-related tuition, travel, and/or lodging expenses funded by the Practice beyond the standard reimbursement amount, the Dentist agrees to remain employed with the Practice for an additional three (3) months. If the Dentist fulfills this additional employment commitment, no repayment obligation shall apply for those additional CE expenses.

If the Dentist voluntarily terminates employment or is terminated for cause prior to completing the agreed-upon commitment period, the Dentist shall reimburse the Practice for the prorated amount of the additional CE expenses paid by the Practice (less any applicable standard reimbursement credit). The Practice reserves the right to deduct any outstanding balance from the Dentist's final compensation. Should the final

compensation be insufficient to satisfy the balance owed, the Dentist agrees to remit the remaining amount prior to the final day of employment.

The Dentist shall not be required to reimburse such expenses if employment is terminated by the Practice without cause.

All CE expenses exceeding the standard reimbursement amounts must receive prior approval from the Practice.

Dr. _____ agrees to remain employed with Finger Lakes Dental Care through _____. If employment ends prior to this date, the Dentist agrees to reimburse Finger Lakes Dental Care for a prorated portion of the CE expenses funded by the Practice.

Doctor Signature: _____ **DATE:** _____

Approved By: _____ **DATE:** _____