



TBIW Internet-Based Training Request

Provider: _____

Contact Person: _____

Email: _____

Fax: _____

As required by BMS Policy Manual 512 we are requesting prior approval to use an internet provider for training.

Internet Provider Name: _____

Web Address: _____

Course Name (s): _____

Briefly describe why you feel this online training will best meet your training purposes.

Fax to Acentra Health at 866.607.9903

You will receive a written decision within 30 days of the receipt of this request.