

APPENDIX A

Clinical Certification Reimbursement Application

Reimbursable Expenses.

1. Certification application fee.
2. Recertification application fee.
3. Review materials purchased to prepare for exam.
4. Registration fees, mileage, and tolls for an approved prep/review course taken to obtain a specialized clinical certification which is deemed appropriate by the manager and Clinical Education Department.
5. An additional attempt will be reimbursed only upon proof of passing the certification exam.
6. One year membership fee to a professional organization if the cost of the membership plus the certification exam/recertification fee is less than a non-member exam rate.

Reimbursement documents to accompany application.

1. Copy of application.
2. Itemized receipts along with credit card statements and/or canceled check images will be required for proof of payment
3. Documentation of study plan with Clinical Educator

Employee Information

Name:	Date:
Employment Status:	Employee ID:
Department Name:	Position:
Hire Date:	Address for Check Request:

Expenses:

Date	Expenses	Fee
	Certification Course/Materials (specify)	
	Certification Exam (specify)	

Employee Assistance Obligation Agreement:

I certify that the information given on this application is a true and accurate representation of fact, and I understand that any misrepresentation or omission of such fact will result in a deduction from my next payroll voucher.	
Signature:	Date:

Management Approval & Clinical Education Administration Processing Information:

Department Manager:	Date:	
Clinical Education Administration:	Approved	Denied