



For more Information visit our website: www.healthcareerfund.org
CALL THE TRAINING FUND OFFICE WITH ANY QUESTIONS: 425-255-0315

Professional/Technical and Service/Maintenance/LPN Professional Development Reimbursement Form Instructions

Standard processing time for complete packet: 10 business days

Eligibility:

Employees in the Professional/Technical and Service/Maintenance/LPN bargaining units who have passed their probationary period (generally 90 days) at the time of purchase of their Professional Development activity.

Benefit:

The Professional Development benefit provides up to \$300 per calendar year based on FTE.

Employees with an FTE of 0.75 or above are eligible for up to 100% of the \$300 per year. Employees with an FTE of 0.5-0.74 are eligible for 75% of \$300 or \$225. Employees with an FTE of 0.49 or below may receive 50% of \$300 or \$150.

What is covered:

- Courses and registration for courses that carry CEU credits as well as required books or media related to a CEU course taken.
- National certification exams or courses/review materials that prepare participants for those exams.
- Membership in professional organizations that provide access to CEUs as a benefit of membership. Restrictions apply. See instructions below*

Required back up documents for each type of professional development activity is described below:

For CEUs/Courses/Conferences:

Must submit back up documents showing proof of payment and attendance/completion. Your proof of payment must include your name, the name of the sponsoring organization that was paid, the amount paid and the date paid. Your materials must also demonstrate that you not only paid for but actually took the course/CEUs or attended the conference. (Examples may include CEU certificates, sign-in sheets from event, etc.)

For Exams/Certifications:

Must submit documents showing proof of payment and completion of the exam/certification. Your proof of payment must include your name, the name of the sponsoring organization that was paid, the amount paid and the date paid. Your materials must demonstrate that you not only paid for, but actually completed the exam/certification. *Your benefit will pay for your exam costs regardless of pass/fail outcome.*

For Study/Review Materials:

Must submit documents showing proof of payment. Your proof of payment must include your name, what you purchased, the amount paid, and clearly illustrate what the purchase was for (if not obvious from title of materials.)

For Professional Memberships:

Must submit documents showing proof of payment. Your proof of payment must show that the membership is in your name, the name of the sponsoring organization that was paid, the amount paid and the date paid. ***NOTE: If you're requesting reimbursement for a professional membership that the Training Fund has paid for in a prior year, you must include proof of CE activity with that organization in order to have your membership paid again.**



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Return your completed reimbursement request form and all required back up documents to:
members@healthcareerfund.org or fax (425) 255-0347

Employee Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Best contact number: _____ Email: _____

Employer: _____ Employer ID: _____

Job Title: _____

Bargaining Unit: Service/Maintenance/LPN Professional/Technical

Professional Development Information:

Date of Professional Development Purchase: _____

Description of Purchase: _____

Sponsoring Organization/School: (if applicable) _____

Type of Professional Development Activity (Check One): Conference Course Book/Self Study
 Certification exam or fees Professional Membership Other: _____

Total Amount Requested: \$ _____

Manager's Approval:

Name: _____ Title: _____

Email: _____ Phone: _____

I attest that the professional development activity listed above is relevant to this employee's continued employment, scope of work, or job performance.

Signature: _____ Date: _____

Employee Signature:

Under penalty of perjury, I state that the information provided is correct. By signing this form, I approve the Training Fund to issue funding on my behalf.

Signature: _____ Date: _____