

CERTIFICATION ASSISTANCE APPLICATION FY 2016

TO: Members of the NP-6 and P-1 Bargaining Units
FROM: Education and Training Committee
DATE: June 23, 2015
SUBJECT: *Certification Assistance Fund, Fiscal Year 2016 (July 1, 2015– June 30, 2016)*

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY

CONTRACT JUSTIFICATION

Article 35 of the District 1199 Health Care Employees Union Contract includes a fund for NP-6 and P-1 members for reimbursement of health care related certificates.

ELIGIBILITY REQUIREMENTS

P-1 and NP-6 members are eligible for reimbursement for the cost of:

1. Health care related certification/recertification (initial or renewal) fees for actual certification/licensure/registration
2. Certification/recertification related examination fees
3. Workshops required for certification/recertification (when there is no P-1 Conference and Workshop funding available).

If Conference and Workshop funding is not available or has been exhausted by the member, they may only seek workshop reimbursement for those workshops which were necessary in order to obtain the certification/recertification and that it has been obtained and included within this Certification Assistance application.

4. Membership fees, registries of membership, journals and publications are all not covered.

Please Note: Licenses / Certifications required as a condition of employment are paid for by the employer. You are not to seek reimbursement through the Certification Assistance Fund but rather through normal reimbursement processes (See Article 30, section 3 of the P-1/NP-6 contract). *The Certification Assistance Fund may only be used for Health care related licensures or certifications not required as a condition of employment.*

PROCEDURES

1. Application forms can be obtained from your agency Human Resources/Personnel Office and union delegates.
2. **The application deadline(s) for FY 16 are:**

July 27, 2015

November 30, 2015

April 18, 2016

Applications postmarked after the deadline date will be retained by the committee. They will be reviewed at the 1199 Education and Training Committee Meeting following the next deadline date.

3. Approvals of the applications are subject to the availability of funds.
4. The **employee** as well as an **authorized agency business office representative must sign** applications. It is the employee's responsibility to submit ONE (1) ORIGINAL APPLICATION AND THREE (3) COMPLETE COLLATED AND STAPLED copies of the application package.

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5. The Education and Training Committee reviews the application and makes the determination whether this is eligible for reimbursement through the Certification Fund. If approved, you will be notified of the actual reimbursement process, which must be followed to receive your reimbursement.
6. PLEASE **DO NOT SEND** IN A **CO-17XP** EMPLOYEE REIMBURSEMENT FORM WITH THIS APPLICATION. We also encourage you to **retain a complete copy of the application** and all related attachment, *as you will need to include these documents with your reimbursement paperwork if this application as been approved* for reimbursement from the Certification Assistance Fund. (NOTE: This is only an application for reimbursement approval... it is NOT the actual reimbursement process!)
7. Applicants must submit with the application package, **four (4) copies of:**
 - A. ***official proof of cost and**
 - B. **proof of payment and**
 - C. **proof of completion** (copy of certification / recertification or license) for:
 - * **Attach specific breakdown of what the fee encompasses**

(Please delete all banking account numbers from documents)

For the all certification assistance applications, the deadline for submission is the postmark date. Applications **must be mailed** to:

**THELMA BALL, CHAIRPERSON
EDUCATION AND TRAINING COMMITTEE
325 MARGARITE ROAD
MIDDLETOWN, CT 06457**

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Please contact any committee member if you have questions about the program or the application.

EDUCATION AND TRAINING COMMITTEE

DPH	Deb Lyons	(860) 509-7180
DCF	Victoria Brothers	(860) 704-4224
DCF	Theresa Kennedy	(860) 704-4010
DMHAS	Eartha Henry	(860) 293-6399
DMHAS	Edra Knight	(860) 418-6866
DMR	Daimar Ramos	(860) 418-6121
DMR	Patty Daniels	(203) 514-3227
DMR	Debbie DeVivo	(860) 263-2654
DOC/UHC	Keisha Johnson	(860) 814-4859
DOC/UHC	Ron LaBonte	(860) 848-5059

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PLEASE READ GUIDELINES BEFORE FILLING OUT FORM

Please Print Neatly or Type

COLLECTIVE BARGAINING CODE: NP-6_____ P-1_____

NAME _____
FIRST NAME MI LAST NAME

SIGNATURE _____

EMPLOYEE NUMBER _____

HOME ADDRESS _____
(NO. & STREET) (CITY OR TOWN) (STATE) (ZIP)

OFFICIAL STATE JOB CLASSIFICATION _____

FACILITY/AGENCY _____ WORK PHONE _____

WORK ADDRESS _____
(NO. & STREET) (CITY OR TOWN) (STATE) (ZIP)

Please check all sections that apply for this application

Health Care Related Certification/Recertification Fees Reimbursement

Certification Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

Examination Fees Reimbursement Related to Certification/Recertification

Examination Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

Workshop Fees Reimbursement if Required For Certification and or Recertification (when there is no P-1 Conference and Workshop funding available). These workshops must result in the issuance of a Certification/Recertification included as part of this application.

Workshop Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

GRAND TOTAL \$ _____
(of all sections noted above)

