

**CERTIFICATION ASSISTANCE APPLICATION – FY 10**

TO: Members of the NP-6 and P-1 Bargaining Units  
FROM: Education and Training Committee  
DATE: June 12, 2009  
SUBJECT: *Certification Assistance Fund, Fiscal Year 2010 (July 1, 2009 – June 30, 2010)*

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 are 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 10 are:**

**July 24, 2009**  
**November 27, 2009**  
**April 23, 2010**

*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	Gayle Brooks	(860) 704-4168
DCF	Jackie O'Brien	(860) 704-4205
DMHAS	Shirley Watson	(860) 262-5402
DMHAS	Thomas Griffen	(203) 579-7331
DMR	Teresa Gonzalez	(860) 418-6122
DMR	Patty Daniels	(203) 514-3227
DMR	Debbie DeVivo	(860) 263-2654
DOC/UHC	Raynetta Forbes	(203) 579-6222
DOC/UHC	Mary Marto	(860) 848-5773

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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)

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**AGENCY INPUT**

**To be completed by the Agency Business Office Designee**

*If this Agency Input Page is not completed, the Certification Assistance Application will be considered “incomplete” and not approved. It will be returned to the employee as a “denied” application.*

- 1a. I hereby verify that this employee is NOT required to hold this license or certificate for the performance of his/her official duties and therefore is NOT eligible for reimbursement by the agency for this license or certificate under provisions of Article 30, section 3 of the P-1/NP-6 contract.

**Yes**

I hereby verify that this employee has not received P-1/NP-6 Conference and Workshop reimbursement or any other agency reimbursement for workshop fees included in this application. This employee has applied for workshop fee reimbursement through their 1199 Conference & Workshop Fund or any other agency reimbursement and the funds were exhausted or not available and therefore, the workshop costs were not reimbursed to the employee.

**Yes**

- 1b. I hereby verify that this employee is required to hold this license or certificate but is a p/t employee (under 20 hours per week) and not eligible for reimbursement by the agency for this license or certificate.

**Yes**

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**Authorized Business Office or Designee Name (print)**

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**Authorized Business Office or Designee Signature**

**Date**

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**Title**

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**Facility**

**EMPLOYEE MUST SUBMIT THIS FORM WITH CERTIFICATION ASSISTANCE APPLICATION including official proof of cost and proof of payment and proof of completion of:**

1. Health care related certification/recertification fees
2. Examination fees related to certification/recertification
3. Workshop fees required for certification/recertification

If this Certification Assistance Application is approved by the 1199 Education Committee, the employee will be instructed regarding the procedures that need to be followed to seek the actual reimbursement(s) for the approved costs from the 1199 Certification Fund.