TO: Members of the NP-6 and P-1 Bargaining Units
FROM: Education and Training Committee
DATE: June 4, 2019
SUBJECT: Certification Assistance Fund, Fiscal Year 2020 (July 1, 2019 – June 30, 2020)

## 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 certification/licensure.

### **ELIGIBILITY REQUIREMENTS**

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

1.Healthcare related licensure/certification/recertification (initial or renewal) fees.

2.Healthcare related certification/recertification <u>examination</u> fees

3.Healthcare related 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 / Certificates required as a condition of employment are paid for by the employer. You are <u>not</u> 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 <u>not required</u> as a condition of employment. However, part-time employees under 20 hours per week may seek reimbursement thru certification assistance for their license/certification 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 20 are:

July 29, 2019 November 18, 2019 April 27, 2020

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 <u>must sign</u> 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. We also encourage you to retain a complete copy of the application and all related attachments.
- **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. NOTE: This is only an application for reimbursement approval... it is NOT the actual reimbursement process!
- 7. Applicants <u>must</u> submit with the application package, four (4) copies of:
  - A. \*official proof of cost and proof of payment
  - B. <u>proof of completion</u> (copy of certification / recertification or license)
  - \* Attach specific breakdown of what the fee encompasses

## (Please delete all banking account numbers from documents)

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

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

Guidelines Page 2

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	Jaime Sanz	(860) 704-4224
DCF	Billie-Jo Sauvron	(860) 704-4062
DMHAS	Ramona Sablon	(860) 418-6881 on Mon. Thur. Fri.
		(860) 297-0905 on Tue. and Wed.
DMHAS		
DDS	Daimar Ramos	(860) 263-2625
DDS	Deborah Devivo	(860) 263-2654
DDS		
DOC	Keisha Johnson	(860) 814-4859
DOC	Diane Fowler	(860) 692-6809
DDS DDS DDS DOC	Deborah Devivo Keisha Johnson	(860) 263-2625 (860) 263-2654 (860) 814-4859

## CERTIFICATION ASSISTANCE APPLICATION FY2020

## PLEASE READ GUIDELINES BEFORE FILLING OUT FORM

Please Print Neatly or	Туре			
COLLECTIVE BARG	AINING CODE:	NP-6 P-1	-	
NAME	AME			
			LAST NAME	
SIGNATURE				
EMPLOYEE NUMBE	ER			
HOME ADDRESS				
	(NO. & STREET)	(CITY OR TOWN)	(STATE)	(ZIP)
OFFICIAL STATE JO	B CLASSIFICATION_			
FACILITY/AGENCY		V	WORK PHONE_	
WORK ADDRESS		(CITY OR TOWN)		
	(NO. & STREET)	(CITY OR TOWN)	(STATE)	(ZIP)
Please check all section	ons that apply for this a	pplication		
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<b>Certification Title</b>	Dates	Professional Organ	nization	Cost
Health Care Relat	ted Examination Fees	Reimbursement for Lic	ensure/ Certifica	ntion/Recertification
Examination Title	Dates	Professional Organ	vization	Cost
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□ Workshop Fees H	Reimhursement if Rea	uired For Healthcare L	iconsure/Cortific	ation and or
				able). These workshops
must result in the	e issuance of a License	/ Certification/Recertifi	ication included a	as part of this application
Workshop Title	Dates	Professional Organ	nization	Cost
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(of all sections noted above)

#### APPLICANT NAME \_\_\_\_\_

#### 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.

Date

□ Yes

Authorized Business Office or Designee Name (print)

Authorized Business Office or Designee Signature

Title

Facility

# EMPLOYEE MUST SUBMIT THIS FORM WITH CERTIFICATION ASSISTANCE APPLICATION *including* official <u>proof of cost</u> and <u>proof of payment</u> and <u>proof of completion</u> of:

- 1. Healthcare related licensure/certification/recertification fees
- 2. <u>Healthcare related examination fees</u> for licensure/ certification/recertification
- 3. <u>Workshop fees</u> required for licensure/certification/recertification