To apply for Continuing Education Tuition/Certification Reimbursement:

Please stop by your regional Human Resources Office to obtain all required documentation for the following process:

Employee Process for Tuition Reimbursement:

- Fully complete each section of the pink Continuing Education/Certification Application form. Form must be signed by you and your direct manager (required for every semester). If the program of study is not related to your current position, a **CEO or VP signature will be required (**this is required for new approvals only).

- Submit a Statement of Purpose – reason you are taking this/these course(s) and how this relates to your overall goals at Broward Health (one-time only for new applicants)

- Submit copy of program curriculum – must note type of degree being obtained, name of school, and list of all courses to be taken (one-time only for new applicants)

- Submit proof of payment with detailed list of fees for semester you are enrolled in (required for every semester)

- Submit proof of scheduled semester noting course name, number of credits being offered, and semester start/end dates (required for every semester)

Employee Process for Request for Financial Hardship:

Please note that this program is a tuition reimbursement program. In special cases, the Chief Human Resource Officer at the region may approve reimbursement in advance of the start of a semester in cases of financial hardship where the university does not have a deferred payment plan. Please obtain required Financial Hardship Form at your regional HR Office, and attach a brief statement/letter with reason for request for financial hardship. This form must be signed by your CHRO/designee and attached to your Continuing Education application packet. Employees are required to submit proof of passing grades to Corporate Benefits at the end the semester funds were advanced. Failure to submit passing grades will result in employee repaying all funds advanced.

Employee Process for Certification Reimbursement:

- Fully completed pink application form - signed by employee and direct manager. If the certification is not related to your current position, a CEO or VP signature will be required. Certifications required by your job description are NOT eligible for reimbursement.

- Copy of Certification obtained

- Proof of passing exam and fees paid

Please keep in mind that we reimburse for tuition at non-profit/accredited institutions only. There is also a specified employment commitment/obligation required for all participants as noted in the policy. Please read Broward Health’s Continuing Education Tuition/Certification Reimbursement policy # HR-005-090 for more information.

For additional questions, please contact Corporate Benefits at (954) 473-7192 or (954) 473-7371. Thank you.

Ida (Idelis) M. Yancey, BBA, SHRM-CP
Coordinator, Corporate Benefits
Broward Health Corporate - Spectrum
BROWARD HEALTH
CONTINUING EDUCATION/CERTIFICATION REIMBURSEMENT APPLICATION

Name: ___________________________ Region/Dept: ___________________________
Employee Number: __________________ Hire Date: __________ Phone Number: __________
Title: __________________________ Status: FTE ______ PTE ______
Circle One: School/Degree Program* __________________ Certification: __________________

First Day of Semester ____________ Last Day of Semester: __________ OR Certification Exam Date: __________

Total Paid: (Attach itemized registration form and grade report OR Itemized receipt and proof of certification) $ __________

* Complete Table Below for Continuing Education Reimbursement Only

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<tr>
<th>Course Number</th>
<th>Class Title</th>
<th>Credit Hours</th>
<th>Grade Received</th>
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Undergraduate Courses require a grade of C or better and the completion of Two years of eligible service following the last day of classes attended. Certificate, Associate, Vocational and Non-Degree Programs require a grade of C or better and the completion of one year of eligible service following the last day of classes attended. Graduate Programs require a grade of B or better and the completion of two years of eligible service following the last day of classes attended, with the exception of MIS programs which require the completion of four years of eligible service following the last day of classes attended.

I have read the guide to Employee Benefits and HRM policy 5.90 and understand my obligation to the Broward Health as a participant in the Continuing Education Program. I also authorize the educational institution where I am enrolled to release all records regarding my enrollment (including but not limited to grades, credit hours, tuition charges, financial assistance, payment records, etc.) to the Broward Health Employee Benefits Department.

Employee Signature: ___________________________ Date: ___________________________

TO BE COMPLETED BY DEPARTMENT MANAGER

I approve this Application for Continuing Education benefits and verify that this employee is not on an unpaid leave of absence, has received a passing score on his/her last Performance Appraisal, and has not received a corrective action of written warning and upward within the last 6 months.

Approved by: ___________________________ Date: ___________________________
Department Manager

TO BE COMPLETED BY EMPLOYEE BENEFITS

Amount Approved for Reimbursement: $ __________ Approved By: ___________________________

Notes: __________________________

TO BE COMPLETED BY ADMINISTRATION

I approve this application because it will assist the employee in pursuing educational opportunities which meet current or projected System needs and position requirements.

Administrative Approval: ___________________________ Date: ___________________________

*Administrative approval is necessary for tuition reimbursement for all first time degree program applicants and all non-degree program applicants.
P 11765 - 110035 - [R] 9/2009
Last updated: 1/31/2008