



## Process Guideline to Apply for Continuing Education Tuition/Certification Reimbursement:

**Documentation required from FIRST TIME applicants:** (documents must be submitted before but **NO LATER** than the end of the CURRENT SEMESTER you are enrolled in)

1. **Tuition/Certification Reimbursement Application Form** – all sections of the application must be fully completed with all required signatures. *If the program of study is not related to your current position, a CEO or VP signature will be required.*
2. **Statement of Purpose** — written statement describing why you are enrolled in the program and how this relates to your overall goals at Broward Health.
3. **Program Curriculum** — must note the type of degree being obtained, name of school, and list of all courses to be taken under the program.
4. **Proof of method of payment for semester with detailed list of fees**
5. **Copy of scheduled classes you are enrolled in with final grades and credits listed**

*Note: Please contact Corporate Benefits at Spectrum at 954-473-7234/7192 or email [benefits@browardhealth.org](mailto:benefits@browardhealth.org) prior to the start of the semester to confirm if program you are enrolled in qualifies for reimbursement.*

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**Documentation required from PRE-APPROVED applicants:** (documentation must be submitted WITHIN 60 DAYS after end of last semester)

1. **Tuition/Certification Reimbursement Application Form** – all sections of the application must be fully completed with all required signatures.
2. **Proof of method of payment for semester with detailed list of fees**
3. **Copy of scheduled classes you are enrolled in with final grades and credits listed**

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**Documentation required for CERTIFICATION reimbursement:** (documentation must be submitted WITHIN 60 DAYS after completion of last exam)

1. **Tuition/Certification Reimbursement Application Form** – all sections of the application must be fully completed and signed by employee and direct manager. *If certification is not related to your current position, a CEO or VP signature will be required. Note: Certifications required by your job description are NOT eligible for reimbursement.*
2. Copy of the certification program with fees paid (if applicable)
3. Copy of certification obtained
4. Proof of passing exam and fees paid by applicant

Broward Health reimburses for tuition degrees at **non-profit/accredited institutions only**. All Nursing programs must be accredited by the Accreditation Commission for Education in Nursing (ACEN) and/or Commission on Collegiate Nursing Education (CCNE). **There is an employment commitment period required for all participants in this program.** Please read Broward Health's *Continuing Education Tuition/Certification Reimbursement policy # HR-005-007* for more information.



# Tuition/Certification Reimbursement Application

<b>Employee Information:</b>	Name (First/Middle/Last):		
Region:	Employee #:	Start Date:	Title:
Email Address:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Mobile #:

## Type of Program:

DEGREE PROGRAM	SCHOOL INFORMATION:	<input type="checkbox"/> CERTIFICATION PROGRAM
<input type="checkbox"/> Associate's Degree	School Name:	Certification Name:
<input type="checkbox"/> Bachelor's Degree	Start of Semester:	Certification Credentials:
<input type="checkbox"/> Master's Degree	End of Semester:	<input type="checkbox"/> New <input type="checkbox"/> Recertification
<input type="checkbox"/> Doctorate Degree (for Nurse Practitioner or Physical Therapy Programs <u>only</u> )	Degree in:	Certification Exam Date:
	TOTAL PAID BY EMPLOYEE: \$ _____	TOTAL PAID BY EMPLOYEE: \$ _____

**Course Information:** Complete Table below for Continuing Education/Tuition Reimbursement Degree Programs only:

Course Number	Class Title	Credit Hours	Grade Received

All program participants must meet minimum grade and employment commitment requirements: Associate's Degree Programs require a minimum grade of C or better and an employment commitment of one (1) year of benefits-eligible service following the last day of classes attended. Bachelor's, Master's, and Eligible Doctorate Degree Programs require a minimum grade of B or better and an employment commitment of two years of benefits-eligible service following the last day of classes attended.

I have read Broward Health's Policy #HR-005-007 - "Continuing Education Tuition & Certification Reimbursement Program" and understand my obligation to Broward Health as a participant in this program. I 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's Employee Benefits Department.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Employee's DEPARTMENT MANAGER:

I approve this application for Continuing Education benefits and verify that this employee is 1.) not on an unpaid leave of absence, 2.) has received a passing score on his/her last performance appraisal, and 3.) has not received a corrective action of written Level 1 and upward within the last 6 months.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Name/Print: \_\_\_\_\_ Title: \_\_\_\_\_

**To Be Completed by region's CEO/ADMINISTRATOR:** Administrative approval is needed for all first-time applicants and for degrees/certifications outside the employee's current scope of practice/job role.

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

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## \*\*To Be Completed by Employee Benefits Department\*\*

Amount Approved for Reimbursement: \$ \_\_\_\_\_ Approved by/Title/Date: \_\_\_\_\_

Eligibility Verification: Recent Evaluation:  PASSED  FAILED Corrective Actions on File?  Yes  No Employee on Unpaid LOA?  Yes  No

Notes: \_\_\_\_\_