

Appendix E

Department of Health and Human Services' Office of Substance Abuse and Mental Health Services and The Center for Learning

This form may be copied.

MHRT/COMMUNITY TUITION REIMBURSEMENT REQUEST

Application must be mailed at least 30 days before the start of the class. Funds are very limited. Applicants are cautioned to not make coursework plans based on an assumption of reimbursement.

A. - IDENTIFICATION: (NOTE: All information MUST be filled in for this section in order for your request to be processed.) PLEASE PRINT CLEARLY! Illegible or incomplete requests will be returned unprocessed.

Name: \_\_\_\_\_ Work Tel: \_\_\_\_\_
Your Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Agency (Full Name): \_\_\_\_\_
Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reimbursement check is being paid and mailed to: (Circle One) SELF AGENCY

B. - ELIGIBILITY: (A response is needed to each question in this section. A "yes" answer is required for each question. "No" answers and/or false statements will result in denial of tuition reimbursement)

- 1) My position is funded by a DHHS contract ..... Yes \_\_\_ No \_\_\_
2) My position is DHHS funded for 20 hours (half-time) or more..... Yes \_\_\_ No \_\_\_
3) The applicant has a Provisional MHRT/Community Level B Certification on file with the Center for Learning ..... Yes \_\_\_ No \_\_\_
4) The course(s) identified are required for applicant's present position and for MHRT/Community Certification..... Yes \_\_\_ No \_\_\_

C. - COURSE IDENTIFICATION: (Please enter cost of tuition for the class: \$\_\_\_\_\_)

School, Campus & Location: \_\_\_\_\_
(Note: Please list the name of the institution you will be attending in the above information)

Course Title: \_\_\_\_\_

Non-Academic Course \_\_\_ Academic Course \_\_\_ Assessment of Prior Learning/Portfolio Review \_\_\_

D. - DATES OF COURSE: Please list the Start & End Dates of the course here: \_\_\_\_\_

E. - APPROVAL: Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_
(Please Print Clearly)

(Supervisor Signature)\* (Applicant Signature)

\*NOTE: Supervisor's signature indicates that all Eligibility Statements are accurate and that individual is authorized to submit this request.

BOTH STUDENT & SUPERVISOR SIGNATURES ARE REQUIRED

Completed form must be returned to: The Center for Learning, 12 East Chestnut St., Augusta, ME 04330 Attn: Tuition Reimbursement or faxed to 626-5022. The DHHS Office of Substance Abuse and Mental Health Services will reimburse only the actual tuition costs for the course (up to a maximum tuition rate for an undergraduate 3 credit course at USM). Students understand they are responsible for books and fees. Reimbursement will be made after receipt of an official transcript for the course with a grade of "C" or better. Students must submit the transcript directly to the Center for Learning for reimbursement. Grades must be mailed within 30 days of close of class. There is a limit of one course per individual for each 6 month period in a fiscal year (July 1 through June 30) with a maximum of two courses per fiscal year. See the complete Tuition Reimbursement Policy on the CFL website at: http://muskie.usm.maine.edu/cfl/MHRT/tuition\_reimbursement.htm