

## CERTIFICATION ASSISTANCE APPLICATION FY2020

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 examination 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 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. 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.

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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. 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 **must** submit with the application package, **four (4) copies of:**
  - A. **\*official proof of cost and proof of payment**
  - B. **proof of completion (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 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	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

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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 Licensure/Certification/Recertification Fees Reimbursement**

Certification Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

**Health Care Related Examination Fees Reimbursement for Licensure/ Certification/Recertification**

Examination Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

**Workshop Fees Reimbursement if Required For Healthcare Licensure/Certification and or Recertification (when there is no P-1 Conference and Workshop funding available). These workshops must result in the issuance of a License/ Certification/Recertification included as part of this application.**

Workshop Title	Dates	Professional Organization	Cost
_____	_____	_____	_____
_____	_____	_____	_____

GRAND TOTAL \$ \_\_\_\_\_

(of all sections noted above)

