Robin and David Jaye Center for Nursing Excellence
Boston Dispensary Building, Room136
TuftsMCCOETrainings@tuftsmedicine.org
P: (617)-636-5011 | F: 617-636-4289 | Box# 38

REIMBURSEMENT REQUEST FORM

PART I & II must be signed and submitted prior to certification/conference start date

PART I: TO BE COMPLETED BY ATTENDEE

Name: _____ **Employee ID:** _____ **Job Title**_____ **Unit:** _____

Cell Phone #: _____ **Email Address:** _____ **@tuftsmedicalcenter.org**

Home Address: _____

☐ **Conference** ☐ **Certification**

Name of Cert/Conf:_____ **Date:** _____

Name and Location of Cert/Conf Site_____

Amount Requested*: $_____ **Number of Educational Days Requested:** _____

How is this cert/conf applicable to your practice? _____

****Reimbursement does not cover the cost of the professional organization membership**. *Staff will be reimbursed at the* membership or the early registration rate, *if applicable, for conferences/certifications/exams. Fees associated with books, travel expenses or late registrations will not be reimbursed. (AHA books can be borrowed from our Office). Reimbursement is dependent on available funds and may not be the total cost of the program. Please limit request to one conference and one certification (both must be applicable to practice of registrant) per fiscal year (October to September). Professional certifications renewals are not reimbursed i.e., CCRN.*

All requests must be submitted within three months of attending conference or certification exam. Completed review course and successfully passed exam (taken within three months of the review course), must be submitted together for reimbursement as well as their respective proof of payment and proof of attendance.

AHA certifications taken outside will not be reimbursed if provider was a No Show for the same certification previously scheduled to be taken at Tufts Medical Center. All ACLS, BLS, PALS certifications taken outside must include a skills, hands-on session. Providers will be asked to reimburse the cost of keycodes/course links assigned and activated, but no longer needed.

Reimbursements may take approximately 4-8 weeks to be processed by Accounts Payable after all required documentations have been submitted i.e. ☐ *Signed reimbursement form Part I & II,* ☐ *event's brochure/flyer,* ☐ *proof of payment, and* ☐ *proof of attendance. The approved amount will either be deposited in your bank account (separate from your paycheck) OR a check will be mailed to the address you've provided. For more information, click here or search "Nursing Reimbursement Policy" on PolicyTech*

☐ **I understand and agree with the requirements above.**

Attendee Signature: _____ **Date:** _____

PART II: TO BE COMPLETED BY CLINICAL NURSING DIRECTOR/PROFESSIONAL DEVELOPMENT DIRECTOR

CND/PDD Name: _____

Time off with Pay: ☐ Yes ☐ No If Yes, Please Enter Number of Days_____

CND/PDD/Department Director Signature: _____ **Date:** _____

PART III: TO BE COMPLETED BY THE ROBIN AND DAVID JAYE CENTER FOR NURSING EXCELLENCE DIRECTOR

Conference/Certification Approved: ☐ Yes ☐ No If there is a set limit, reimbursement amount is not to exceed: $_____

Signature: _____ **Date:** _____