

# **Professional Development**

**REIMBURSEMENT APPLICATION** 

July 1, 2020 —June 30, 2021

We're pleased to support your professional development! Follow the guidelines and submit your application within 60 business days of completing each training to receive your reimbursement—up to \$1,500 until June 30!

### ELIGIBILITY CRITERIA: Must meet all criteria.

- My membership in the Alaska SEED Registry is current/active.
- ✓ I am an early childhood or school-age professional operating or working as a paid employee of a licensed (State of Alaska or Municipality of Anchorage) child care facility, Head Start, or pre-elementary school district program, or a State of Alaska Child Care Assistance Program approved child care facility.

### **GUIDELINES FOR REIMBURSEMENT**

While you choose your professional development path, you must meet the following guidelines and deadlines to receive up to \$1,500 in reimbursements. Use a portion—up to \$500—for trainings and conferences, and use the remainder (or the entire \$1,500) for higher education.

	TRAININGS & CONFERENCES	HIGHER EDUCATION					
Allowable Reimbursement Amount*	<ul> <li>Training reimbursed at 100% of actual cost up to \$500.</li> <li>Conference registration fee reimbursed at 100% of <i>membership rate</i>.</li> <li>GED reimbursed at max. \$150 per person.</li> </ul>	<ul> <li>100% of tuition costs up to \$1,500 (minus any used for training).</li> </ul>					
What's Covered?	<ul> <li>Classes</li> <li>Workshops</li> <li>Seminars</li> <li>Online Training</li> <li>Conferences</li> <li>CPR/First Aid</li> <li>Required Health &amp; Safety</li> <li>Orientation Training from an approved trainer listed on the CCPO website</li> </ul>	<ul> <li>Tuition</li> <li>Fees</li> <li>Books</li> <li>For undergraduate &amp; graduate courses at accredited colleges and universities</li> </ul>					
NOT Covered	• thread trainings/webinars • Membership fees for professional organizations • Parking Fees						
Approved Topics	<ul> <li>Early childhood and/or school-age education (age birth-12)</li> <li>Other topics related to working with young children</li> <li>Health and safety</li> <li>Facility Administration</li> </ul>						
Required Documentation (Electronic, scan, photocopy accepted)	<ul> <li>Proof of completion (copy of credential, certificate of attendance).</li> <li>Proof of payment (receipt, credit card or bank statement)</li> <li>Conferences: Copy of the Certificate of Participation with stickers or signatures for each workshop session matching the day(s) registered as proof of attendance</li> </ul>	<ul> <li>Proof of completion (copy of college/university credential, transcript) with at least a "C" equivalent or "Pass"</li> <li>Proof of payment (receipt, credit card or bank statement)</li> </ul>					
Deadlines	• Application and required documentation <b>must be submitted withi</b> <b>each training</b> . Payment will be made within 45 business days from date. Funding is on a first come, first serve basis.						

\*PDR reimbursements will be reduced by the amount of other scholarships and/or financial aid you have already received.



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### July 1, 2020 — June 30, 2021

Please print in **black** or blue ink or complete electronically, and then print and sign your application. Incomplete, illegible, or incorrect applications will not be processed. Funding is on a first come, first serve basis. <u>\* = REQUIRED FIELD.</u>

APPLICANT INFO							
*First Name:		*Last Name:			*Active	Alaska SEED member: 🗆	
*E-mail:			*Phone:				
I work with (check all that apply):  Infant-Toddler  Preschool  School-Age  Other							
I am working towards:	<ul> <li>□ CDA (New/Renew)</li> <li>□ GED</li> <li>□ AK Early Childhood</li> </ul>	□ Continuing Education credits       □ Associate's degree         □ CPR/First Aid Certificate       □ Master's degree         Administrator Credential       □ Training hours for		degree	<ul> <li>□ Bachelor's degree</li> <li>□ Doctorate degree</li> <li>Child Care Licensing</li> </ul>		
*Training/Conference/Course Title:				*Actual Cost: \$			
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For more than two training/higher education titles, attach a transcript or proof of completion with the title of the courses circled.

#### **APPLICANT FACILITY INFO**

*Administrator Name:			Facility is licensed or approved:         □ Center       □ Group Home       □ Home					
REIMBURSEMENT INFO								
Costs were paid by: Employer Self Other	*Make Check Payable to: (Programs paying with a business credit card with an employee's name on the card will be paid to the program, not the individual)							
*Mailing Address:		*City:		*Zip:				
<ul> <li>AL HERE</li> <li>I agree to the following: <ul> <li>Eligibility requirements and guidelines have been reviewed and met.</li> <li>The required application fields (*) are filled in.</li> <li>Education/training was completed within the past 60 business days.</li> <li>Receipt(s) or proof of payment and completion of higher education/training obtained are attached.</li> <li>Stop Payment Policy: If the address provided is incomplete, incorrect, or the check is lost and a replacement check is is issued, the \$25 Stop Payment bank fee will be deducted from the replacement check.</li> </ul> </li> <li>The information I am providing in this application is true and accurate to the best of my knowledge. Falsification of any information</li> </ul>								
	providing in this application is true and accur ent of funds and the inability to receive future			ification of any information				
	Iro.		Date					

Please submit your SIGNED, completed application via email (scanned copies), fax, mail to:

housed & managed by connecting early care & education to alaska

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