



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 Amount*

- Training reimbursed at 100% of actual cost up to \$500.
- **Reimbursement** Conference registration fee reimbursed at 100% of *membership rate*.
 - GED reimbursed at max. \$150 per person.

100% of tuition costs up to \$1,500 (minus any used for training).

What's Covered?

Classes

Seminars

- Online Training
- Conferences
- Workshops
- Orientation Training from an approved trainer listed on the CPR/First Aid
 - CCPO website

Required Health & Safety

- **Tuition**
- For undergraduate & graduate courses at
- Fees Books
- accredited colleges and universities

NOT Covered

- thread trainings/webinars
- Membership fees for professional organizations
- Parking Fees

Approved Topics

- Early childhood and/or school-age education (age birth-12)
- Other topics related to working with young children
- Health and safety
- · Facility Administration

Required **Documentation** (Electronic. scan, photocopy accepted)

- Proof of completion (copy of credential, certificate of attendance).
- Proof of payment (receipt, credit card or bank statement)
- Conferences: Copy of the Certificate of Participation with stickers or signatures for each workshop session matching the day(s) registered as proof of attendance
- Proof of completion (copy of college/university credential, transcript) with at least a "C" equivalent or "Pass"
- Proof of payment (receipt, credit card or bank statement)

Deadlines

• Application and required documentation must be submitted within 60 business days of completing each training. Payment will be made within 45 business days from completed application receipt 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.





3350 Commercial Drive, Suite 203 | Anchorage, AK 99501 | info@seedalaska.org

Telephone: 907.265.3194 | Toll Free: 1.855.265.7333 Fax: 907.265.3195 | Toll Free Fax: 1.855.265.3195







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REIMBURSEMENT APPLICATION

July 1, 2020 —June 30, 2021

Please print in **black** or **blue** ink <u>or</u> 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**. * = **REQUIRED FIELD**.

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: □ CDA (New/Renew) □ Continuing Education credits □ Associate's degree □ Bachelor's degree towards: □ GED □ CPR/First Aid Certificate □ Master's degree □ Doctorate degree □ AK Early Childhood Administrator Credential □ Training hours for Child Care Licensing					
*Training/Conference/Course Title:					*Actual Cost: \$
*Training/Conference/Course Title:					*Actual Cost: \$
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					
*Facility/Approved Provider Name:					
*Administrator Name:				Facility is licensed or approved: ☐ Center ☐ Group Home ☐ Home	
REIMBURSEMENT INFO					
Costs were paid by: ☐ Employer ☐ Self ☐ Other					
*Mailing Address:			*City:		*Zip:
I agree to the following: I agree to the follow					

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



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