[](https://www.summahealth.org/brandportal/downloads/logos/vertical-logos)

**EDUCATIONAL REIMBURSEMENT FORM FOR**

**CONTINUING EDUCATION PROGRAMS**

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| **EMPLOYEE/MANAGER INFORMATION** | | |
| **Employee #:**  Click here to enter text. | **Employee Name:**  Click here to enter text. | **Job Title:**  Click here to enter text. |
| **Department:**  Click here to enter text. | **Preferred Email Address:**  Click here to enter text. | **Daytime Phone Number:**  Click here to enter text. |
| **Manager’s Name:**  Click here to enter text. | **Manager’s Phone Number/Email:**  Click here to enter text. /  Click here to enter text. | **Employee Status:**  FT Employee  PT benefit eligible employee (21-31 hrs) |
| **I am requesting reimbursement for:** | | |
| Continuing Education Course | Preparation course(s) for Certification | Certification/Recertification Exam |
| Title of Course/Exam:  Click here to enter text. | Start Date:  Click here to enter text. | End Date:  Click here to enter text. |
| **Application Submission Instructions:** | | |
| **Requester:** Electronically fill out then print this form and other required documents (see below). Scan as one PDF and email your submission to [eduassistance@summahealth.org](mailto:eduassistance@summahealth.org) with “[Your Name] – Edu Assistance” in the subject line. | | |
| **All outlined documentation must be included with this reimbursement form.**  Official Cost of Course – This must be shown in the form of formal documentation (i.e. Flyers, Registrations Forms, etc.). Payment receipts, cancelled checks, etc. are not acceptable proof. You **MUST** highlight/circle the cost of your course.  Course outline or Agenda which lists dates/times of course  Certificate/Documentation of Successful Completion | | |
| **NOTICE:**  **Failure to provide all required documentation and/or follow established submission procedures will result in the request being returned to the employee and may delay reimbursement. Please direct all questions/concerns to** [**eduassistance@summahealth.org**](mailto:eduassistance@summahealth.org)**.**  **Reminder:** Per HR Policy 6.7: Educational Assistance, acceptance of reimbursement via the Educational Assistance Program commits an employee to one year of service for Summa Health. Resignation or termination for cause prior to the end of this service commitment will result in the employee being required to repay funds received to Summa Health on a prorated basis per policy. | | |