

**Therapist Tuition Reimbursement Form**

**Instructions:** Please print legibly. Completed applications must be forwarded with appropriate documentation (i.e. copy of workshop brochure, proof of payment, certificate of completion or student transcript, Imprest form in duplicate, signed PD-19).

**IDENTIFYING INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: ( ) Physical Therapist ( ) Occupational Therapist

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

School Telephone #: \_\_\_\_\_

**COLLEGE/UNIVERSITY/AND/OR WORKSHOP/CONFERENCE INFORMATION:**

Degree Presently Held: \_\_\_\_\_ Degree or Certificate Being Sought: \_\_\_\_\_

College/University or Institute of Attendance: \_\_\_\_\_ Address: \_\_\_\_\_

Semester of Attendance: ( ) Fall ( ) Spring ( ) Summer

List Job-Related Course(s) or Workshop(s):

1. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Mo. Day Year  
Cost for Course: \$ \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Mo. Day Year  
Cost for Course: \$ \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Mo. Day Year  
Cost for Course: \$ \_\_\_\_\_

Total Tuition Course Submitted: \$ \_\_\_\_\_

NOTE: Late fees, books and program fees are not paid for by Tuition Reimbursement and are the responsibility of the applicant.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE CLINICAL AND SUPPORT SERVICES**

I have reviewed the enclosed documentation and have determined that the above listed course(s) are job-related and are provided by a legitimate institution. This request for Tuition Reimbursement is deemed appropriate and hereby approved for reimbursement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CENTRAL BUSINESS OFFICE**

I hereby authorize payment for the above course(s) based upon the documentation submitted by the applicant and the above attestation by the Office of Contractual and Related Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date