



# CARECORE

HEALTH

## TUITION REIMBURSEMENT POLICY

CareCore Health LLC maintains a tuition reimbursement program to assist eligible employees in continuing their education and to improve their skills. Our feeling is that a well-rounded education, even outside of the working environment, can enhance an employee's skill base and make them more valuable to the organization.

The following is an outline of CareCore Health's reimbursement schedule:

LPN to RN: up to \$1500 per term to a max of 3 terms per year up to two years.

STNA to LPN: up to \$1500 per term to a max of 3 terms per year up to two years.

CareCore Health will reimburse according to the above schedule for grades of a "C" or better for undergraduate/graduate degrees. Reimbursement will be made up to 12 credit hours per semester to a maximum of 24 credits per year. This will be applicable for on-line courses as well.

Full Time employees are eligible to request tuition reimbursement provided that they remain full time for 90 days prior to enrolling in a course and have had their class pre-approved for reimbursement. Employee must continue to work at least two (2) 12 hour shifts per week while receiving tuition assistance.

In order to be eligible for reimbursement. Employees must submit Individual courses and/or degree work to be approved in writing prior to enrolling in the course by both the Director of Nursing and Administrator. Once courses are completed employees must submit a receipt for the course, and a copy of the transcript indicating the grade received within 30 days from completion of course for reimbursement.

Employees receiving Tuition Reimbursement or Assistance from CareCore Health agree to remain employed with the facility in the full time capacity for which they went to school or in a position that the facility deems appropriate for the education received, for a minimum of one (1) year from the date of the last class completed or one (1) year from the date of licensure or degree (whichever is later), provided that the facility deems performance to be satisfactory. Should the employee resign or change full time status prior to the aforementioned period, the employee will be liable for the entire amount of tuition paid by the employer on their behalf. Said amount would need to be paid in full prior to the effective date of the change in status or date of resignation. It should be noted that employees terminated prior to the one (1) year time period must also reimburse the employer for tuition paid on their behalf.



# CARECORE

HEALTH

## Educational Assistance Application

Date: \_\_\_\_\_

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Course title: \_\_\_\_\_

Course dates: \_\_\_\_\_ to \_\_\_\_\_

Degree sought (if applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

### Course Expenses:

Tuition: \$\_\_\_\_\_

Development objective (what long-term goal is this program/course intended to help you reach):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of **C** or better) of each course and submission of all receipts and paid bills within 30 days thereafter. I further understand that failure to successfully complete any course(s) will result in an obligation to repay CareCore Health the amount of tuition advanced.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**CARECORE**  
HEALTH  
**DEPARTMENT RECOMMENDATION**

Employee Name: \_\_\_\_\_

Approved       Not approved

Reason: \_\_\_\_\_

\_\_\_\_\_

Does this application meet the established guidelines of the educational assistance program policy?  Yes  No

Was this expense included in the department budget?

Yes  No

\_\_\_\_\_

Department manager signature

\_\_\_\_\_

Date

**ADMINISTRATOR'S APPROVAL**

This request is  Approved  Not approved

Reason (if not approved): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator's signature

\_\_\_\_\_

Date



**CARECORE**  
HEALTH

**REIMBURSEMENT**  
**(to be made after successful completion of course(s)**  
**with grade C or better)**

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Reimbursement in the amount of \$ \_\_\_\_\_ is approved.

Expenses should be charged to: \_\_\_\_\_

Documentation of successful completion attached:  Yes  No

\_\_\_\_\_  
Human Resources Manager Signature

\_\_\_\_\_  
Date