



COASTAL BEND REGIONAL ADVISORY COUNCIL SERVICE AREA U TUITION SCHOLARSHIP REIMBURSEMENT POLICY

The applicant must be affiliated with a provider/facility that is defined as actively participating in CBRAC-U at the time of the course. Participation status of a provider/facility can be verified through the CBRAC-U office. Reimbursement checks will only be issued to the person or facility that paid the tuition, as noted on the application.

Scholarships are available on a first come first serve basis, as long as there are funds available, as defined by the adopted CBRAC-U Budget for the current fiscal year. The fiscal year for CBRAC-U is Sept. 1 thru August 31 and therefore the course must be in the same fiscal year. The amount of funds and numbers of scholarships will vary from year to year. Requests will be reviewed on a monthly basis by the Professional Education Committee.

The original scholarship application must be completed and returned to the CBRAC-U office. Applications received within 60 days from the date of a course will be given priority. **Please do not “batch” your request(s) for reimbursement at the end of the fiscal year.**

All applications will be reviewed and approved by the Professional Education Committee on a monthly basis. Approval will be based upon Policy Guidelines set by the Board of Directors. From time to time the Professional Education Committee may ask for Board approval for scholarship reimbursement for special or non-standard courses not already approved. Any CBRAC sponsored Course will be included for Scholarship Reimbursement.

The applicant must PASS the course and send proof for an approved course, or the scholarship reimbursement approval will be rescinded. Scholarship reimbursement is set at no more than \$100.00 per person per course, not to exceed the tuition fee. **Only one (1) application for reimbursement for each approved course will be accepted for each person. Maximum reimbursement is \$100.00 for each course, or not to exceed the tuition fee.**

After applicant successfully passes the course, a ***copy of the Course Completion Certificate or a verification form*** signed by the course Coordinator or lead Instructor stating the “participate passed” must be ***attached to the application*** and sent to CBRAC-U office within 30 days from the date of the course. Note: you do not need to wait until the “official” certification document is issued, this can result in delays in your reimbursement, and you should send the course Completion Certificate, or verification results as proof of successful completion of this course within 30 days from the course date. ***Both the Applicant and Facility/Provider Representative must sign the application. Proof of payment must also be attached to the application.*** CBRAC-U will verify all paperwork and issue scholarship reimbursement to the Recipient or to the Provider/Facility (whom ever paid the course tuition). For more information visit our website www.cbrac.org.

Approved Courses: ACLS Provider; PALS Provider; ITLS/PHTLS Provider

Note: All applications must be signed by BOTH Individual and Facility/Provider AND have a copy of the Course Completion Certificate or verification form AND proof of payment and receipt of the course ATTACHED. Any application that is received by CBRAC, and found to be incomplete, will not be considered for reimbursement! Only complete applications will be considered!

Facility Procedure:

If a Facility has sent multiple people to one course, you may fill out one Tuition Scholarship Reimbursement form, but you will need to attach a spread sheet with all of the information for each person.

Professional Education Committee



COASTAL BEND REGIONAL ADVISORY COUNCIL
TRAUMA SERVICE AREA U
SCHOLARSHIP REIMBURSEMENT APPLICATION

If there are any questions, please contact CBRAC-U (361) 929-5401, fax (361) 929-5104, cbrac@cbrac.org, P.O. Box 18460, Corpus Christi, TX 78480.

Please print or type:

Name: _____

Credentials: MD DO RN LVN EMT-B EMT-I EMT-P LIC-P Other: _____

Home Mailing Address: _____

City, State, Zip: _____ **Phone Number:** _____

E-mail address: _____

RAC Affiliation/Employer Provider/Facility: _____

Complete Mailing Address: _____

City, State, Zip: _____ **Phone Number:** _____

Course: _____ **(Attach copy of Successful Completion)**

Date of Course: _____ **Location of Course:** _____

Course/Tuition Fee PAID by: (Circle one) **APPLICANT** or **FACILITY/PROVIDER** **(Attach proof of payment)**

Course/Tuition Fee: \$ _____

Applicant SIGNATURE _____ **Date Signed:** _____

Provider/Facility SIGNATURE _____ **Date Signed:** _____

Print Name/Rank: _____

FOR OFFICE USE ONLY

Date Completed Application Received: _____ **Copy of Passed Verification Form or Certification Card:** _____

Date received & verified: _____ **Provider/Facility is CBRAC-U active participant:** Yes No

Verified by: _____ **CBRAC-U Check #:** _____ **Amount:** \$ _____

Date Issued: _____ **Check Issued To:** _____