



## **2018 CONTINUING EDUCATION GUIDELINES, INSTRUCTIONS AND APPLICATION**

**To:** All CSEA employees regularly scheduled to work at least 17.5 hours per week

**From:** Joint Committee on Education and Tuition

**The intent of the Continuing Education program is to encourage and support employees in their efforts to remain current and competent within their respective professions. CSEA eligible employees will equally share a fund of \$50,000 established for payment of continuing education expenses.**

### **ELIGIBILITY GUIDELINES:**

1. CSEA employees (full or part-time regularly scheduled to work at least 17.5 hours per week). Applicants must be employed by the Medical Center during the program **and at the time that checks for reimbursement are issued**. Per-diem employees are not eligible. (A duly authorized leave of absence for child-rearing, maternity or leave under the Family Medical Leave Act constitutes employment).
2. Enrollment in a program that issues Continuing Education Credits from an accredited organization is necessary. The employee must be able to demonstrate the program will enhance his/her ability to perform their current job at WMC.
3. Only program costs are reimbursable. Travel expenses, textbooks, videos and supplies, etc., are not eligible for reimbursement.
4. A program must be completed by **December 31, 2018** to be eligible for reimbursement.

### **APPLICATION INSTRUCTIONS:**

1. Applications may be submitted at any time during the year; however, they must be received by **February 1, 2019** to be eligible for consideration. ***NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.*** Reimbursement will occur by the end of the second quarter of 2019 (*2<sup>nd</sup> paycheck of June 2019*).
2. The following documentation must be attached to the application:
  - a) A copy of the program showing program outline and cost
  - b) Proof of payment which can be either:
    - *Official cash, sponsor or Internet receipt*
    - *Cancelled check (both sides)*
    - *Credit card receipt/statement*
  - c) Statement of attendance or credit granted

3. Applications should be submitted to:

Continuing Education Program  
Westchester Medical Center  
Benefits Office  
19 Bradhurst Avenue, Suite 3080 N  
Hawthorne, NY 10532

**Questions may be referred to the Benefits Office at (914) 493-7144 or by e-mail to  
BenefitsHelp@WMCHHealth.org**

# 2018 APPLICATION FOR CONTINUING EDUCATION REIMBURSEMENT

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APPLICATION AND DOCUMENTATION MUST BE SUBMITTED OR POSTMARKED BY  
**February 1, 2019**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Original Hire Date: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

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**How will the program(s) you attended enhance your job performance?**

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

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**Program(s) attended in 2018:**

1) Name of Program: \_\_\_\_\_

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

Credit / Contact Hours: # \_\_\_\_\_ Cost: \$ \_\_\_\_\_

2) Name of Program: \_\_\_\_\_

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

Credit / Contact Hours: # \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Total Reimbursement Request:** \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**