



Continuing Education Reimbursement Request Form

Name _____ DOB _____

Address _____

Cell Phone _____ Work Phone _____

Tribal Roll Number _____

Employer _____

Job title _____

Title of Conference/Workshop _____

Location _____ Date(s) _____

Number of CEU's received _____

I certify that all of the information contained in this application is true and correct to the best of my knowledge.

Signature

Date

In order to be reimbursed we must receive this form, and all of the following items. Please check them off to ensure you have included everything.

_____ Brochure, Flyer, etc. describing in detail the nature of the event and number of CEU's offered

_____ Copy of your registration as submitted for event

_____ Copy of receipts/proof of payment

_____ Copy of CEU certificate received from event

_____ Copy of CEU requirements for your state of residence

_____ Copy of your current professional license