

The purpose of this program is to encourage Associates to further their professional and technical skills by offering financial assistance through certification reimbursement. The focus of this support is on certifications that will provide eligible Associates with an opportunity to enhance job performance and job satisfaction, as well as improve their opportunity for career advancement. It is expected that this support will further improve the quality of services provided to the communities served by Sacred Heart Hospital on the Emerald Coast (SHHEC).

DEFINITIONS

Associate: An employee of SHHEC who provides services on a regular basis in exchange for compensation, receives a W-2, and who does not provide these services as an independent business contractor.

Employment Hours Eligibility: Associates who work full-time (80 hours bi-weekly) or part-time (48 hours bi-weekly).

Covered Certifications: Successful passing of a job-related professional certification exam. Reimbursement up to \$300 for the certification exam fee only.

PROCEDURE

1. Eligibility Details:

Associates who have completed six (6) continuous months of employment at SHHEC in a benefits-eligible position before the completion of the certification exam.

The following criteria must be met for an Associate to qualify for reimbursement:

- A. Reimbursement will always be contingent upon availability of Guild funds.
- B. Associates who have received a written warning within the previous twelve (12) months of a professional certification course exam date are not eligible for tuition reimbursement.
- C. There are no limitations or exclusions from receiving assistance based upon an Associate's age, sex, nationality, religion, marital status, race, disability, or genetic information.

2. **Application Submitting Process:**

- A. Applications for certification reimbursement are available through the SHHEC website at www.sacredheartemerald.org/volunteer.
- B. The completed Certification Reimbursement Application, proof of passing the certification exam and receipt for payment of the examination fee, must be submitted to the SHHEC Guild Education Committee through email to shhecguild@shhpens.org for approval, within 60 days of receiving notification of passing the exam.
- C. Notification of approval or denial will be returned to the Associate by the SHHEC Guild Education Committee no later than 21 days after receipt of the required documents.
- D. The SHHEC Guild Education Committee will review all documents for compliance and instruct the Guild Treasurer to generate a check payable to the Associate.

3. **Principles:**

Periodically, the United States Congress reviews educational assistance procedures and changes the taxable status of assistance paid directly to associates. The IRS then issues new regulations for the programs. The SHHEC Volunteer Guild will conform to any new legally required tax regulations.

Sacred Heart Guild Certification Reimbursement Application

Last Name:	First Name:
Associate ID Number:	Social Security Number:
Department Name:	Manager's Name:
Best Phone Number:	Email Address:
Hired Date:	
Type of Certification Exam:	
Cost of Certification Exam:	
Provide a Written Explanation of Why You Completed This Certification and Its Benefit to SHHEC.	

I, the undersigned, have completed 6 (six) continuous months of employment in a benefits-eligible position at SHHEC, have not received a written warning within the last twelve (12) months, and acknowledge that the information provided on this application is complete, true and accurate. I acknowledge that it is my responsibility to understand any Internal Revenue Code rules that may result in my being liable for potential taxes on this reimbursement.

Associate's Signature:	Date:
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THIS SECTION TO BE COMPLETED BY THE ASSOCIATE'S MANAGER AND COO:

Is the above certification job related and/or could lead to qualifications for another position within SHHEC where there is a continuing need?

Yes or No:	Manager's Signature:	Date:
Yes or No:	COO's Signature:	Date:

THIS SECTION TO BE COMPLETED BY THE SHHEC GUILD EDUCATION COMMITTEE	
Date Application Electronically Received:	Time Application Electronically Received:
Reviewed and Denied By:	Date:
Reason for Application Denial:	
Date Application Denial Notification Was Sent to the Associate:	
Reviewed and Approved By:	Date:
Date Application Approval Notification Was Sent to the Associate:	
Date Treasurer Notified to Process Payment:	
Payment Amount:	
Check Number:	
Check Date:	

Submitting: The completed Certification Reimbursement Application, proof of passing the certification exam and receipt for payment of the examination fee, must be submitted to the SHHEC Guild Education Committee through email to shhecguild@shhpens.org