



Health & Safety Training Reimbursement Request

Participant Name _____
Make Check Payable to: (Full Name, Address, City and Zip Code) _____

Position _____ **License #** _____ **Phone** _____

Please Circle Course(s) Completed: Pediatric CPR Pediatric First Aid Preventative Health

Number of Hours _____ **Date(s) Completed** _____ **Total paid \$** _____
Employer Name and Work Site Address, City and Zip Code (Required): _____

A partial reimbursement of Health and Safety Training costs is available to Licensed Center Based staff, Licensed Family Home Child Care Providers, Licensed Exempt Child Care Providers, and In Home Providers providing child care in the cities of **Dublin, Livermore, Pleasanton and Sunol**. Training must occur between **July 1, 2018, and June 30, 2019**.

- Reimbursement of Health and Safety Training costs depends on available funding, and will be made on a first come, first served basis, until the funds are expended
- Training programs must meet the State of California requirements (see below)
- If you are in the process of being licensed, take this form with you to the training and have the trainer complete it. Submit it when you are licensed.

Providers requesting reimbursement must submit this form, signed and dated by the instructor. Please submit to Child Care Links at:

6601 Owens Drive, Suite 100, Pleasanton CA, 94588 Attention: Donnamarie Fuller

Incomplete/inaccurate forms will be returned.

To be completed by the CPR, First Aid or Preventative Health Trainer:

I declare I am (1) an approved Emergency Medical Services Authority (EMSA) Instructor using approved EMSA training curriculum, as required by State Law (AB243) or (2) I am an approved instructor of a qualified training entity such as the American Red Cross or American Heart Association and the curriculum provided meets State guidelines. My signature confirms that the training information recorded above is accurate and the participant successfully completed the course(s) recorded above.

Instructor's Name (Print) _____

Instructor's Signature _____

Training Institute (Required) _____ **Date** _____