



Reimbursement for Health & Safety Training

Name _____

Address _____

Position _____ Phone _____

Course(s) Completed _____

Number of Hours _____ Date Completed _____ Total amount paid _____

Employer and Work Site Address (if appropriate):

Instructor's Name _____

(Please Print)

I declare I am an approved Emergency Medical Services Authority (EMSA) instructor using approved EMSA training curriculum as required by State law (AB243).

Instructor's signature _____

Training Institute _____ Date _____

Reimbursement of health and safety training costs is for family home providers, family home provider aides, license exempt providers and center based staff in the cities of Livermore, Pleasanton, Dublin and Sunol. Training must have occurred between July 1, 2009 and June 30, 2010.

Each eligible participant may receive up to \$100.00 for the completion of health and safety training (CPR, first aid, prevention of infectious disease, preventative health practices, and injury prevention). The recipient must pay at least \$5.00 of the cost of the training. No one recipient may be reimbursed for more than \$100.00 per year.

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. **Request for reimbursement may be submitted to Child Care Links, however, no reimbursement will be processed until funding is confirmed and received for the current fiscal year.** Child Care Centers may be limited to reimbursement of 5 employees based on available funding. **Incomplete forms will not be processed.**

The provider requesting reimbursement must submit this form, signed and dated by the instructor, to:

6601 Owens Drive Suite 100, Pleasanton, CA 94588, 925-417-8733