



## **\* Pediatric CPR \* Pediatric First Aid \* Health & Safety \* Reimbursement Request**

Reimbursement will not exceed \$100 per person for completed Pediatric CPR, Pediatric First Aid, and/or Health & Safety certification course. Reimbursement will not exceed payment of the actual cost of the certification. Each participant shall pay at least a \$5.00 co-pay for each certification course. Reimbursements are based on first come, first serve and on the availability of funds. Participants must live or work in the Pathways service area to be eligible for reimbursement.

**This is to certify that I am a family child care assistant or child care center staff and I have completed the following course(s):** (Check all that apply)

- Pediatric CPR Certification - minimum of 4 hours       Preventative Health & Safety Certification
- Pediatric First Aid Certification - minimum of 4 hours

**Name of person requesting reimbursement:** (This is who the check will be made out to.)

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**Name of person who took the certification course(s):** (If different than above.)

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**Home Address:**

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**Home Phone:**

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**Work Phone:**

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**Name & Address of Center or Family Child Care Home:** (Work Address)

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**Please indicate cost of certification and number of hours completed below:**  
(Attach original receipts with copies of the cards.)

**Cost:** \$ \_\_\_\_\_

**Number of hours:** \_\_\_\_\_

**Select the mailing location for the reimbursement check:** (Only check one)

Home Address

Work Address

\_\_\_\_\_  
Signature of Person Being Reimbursed

\_\_\_\_\_  
Date

**Please mail all documents to the address below. Thank you!**