



Health & Safety Training Reimbursement Request

Participant Name _____

E-mail Address _____

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

Position _____ *License # _____ Phone _____

*License Exempt Providers note LEP

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):

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, 2022 and June 30, 2023**. Incomplete/inaccurate forms will not be processed.

- Reimbursement of Health and Safety Training costs **depends on current fiscal year contract guidelines**, 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
- 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.
- Child Care Programs may be limited to reimbursement of 3 employees (Family Home) or 5 employees (Center Based) depending on the total number of reimbursement requests received. Additional requests may be reimbursed if funding allows at the end of the fiscal year.

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

7901 Stoneridge Drive, Suite 150, Pleasanton CA, 94588 Attention: Donnamarie Fuller

To be completed by the CPR/AED, First Aid or Preventive 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 _____