



Health & Safety Training Reimbursement Request

Partial reimbursement of Health and Safety Training costs is available to Child Care Providers located in the cities of **Dublin, Livermore, Pleasanton and Sunol**. Training must occur between **July 1, 2023 and June 30, 2024**. Incomplete and inaccurate forms will not be processed.

Please **CHECK** which of the following describes your status as a Child Care Provider.

- Licensed Center Based Licensed Family Home
 Family, Friend, and Neighbor Caregiver (Licensed Exempt) In Home Providers

Participant Name _____

E-mail Address _____

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

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

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

Number of Hours Attended _____ **Date(s) Completed** _____ **Total paid \$** _____

Employer Name and Work Site Address, City and Zip Code (Required): _____

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. Visit https://emsa.ca.gov/childcare_provider/ for a list of approved training programs.
- If you are in the process of being licensed please contact Hively at 925.417.8733 to find out about the business and financial support services available through the Child Care Initiative Project.
- Child Care Programs may be limited to reimbursement of **2** employees (Family Home, Licensed Exempt) or **3** 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. You may submit the form in one of the following ways:

- Mail or drop off at 7901 Stoneridge Drive, Suite 150, Pleasanton CA, 94588 Attention: Donnamarie Fuller
- Scanned copies or a clear photograph of the completed and signed form can be emailed to dfuller@behively.org

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 _____