



HEALTH & SAFETY COURSE FEE REIMBURSEMENT REQUEST

Pediatric CPR | Pediatric First Aid | Preventative Health & Safety

To qualify for a provider course fee reimbursement, participants must live or work in the Pathways LA service area, and the courses must be approved by the Emergency Medical Services Authority. Reimbursement is subject to funding availability and processed on a first come, first served basis. If approved, reimbursement is limited to the actual cost of the eligible courses not to exceed \$150 per person. Original receipts and copies of certification cards must be submitted with this form.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Applicant Address: _____ Zip Code: _____

EMPLOYER INFORMATION

(does not apply to license-exempt providers)

Center/Family Child Care Name: _____ Phone: _____

Address: _____ Zip Code: _____

PAYMENT INFORMATION

My Center or Family Child Care Home Paid for my course(s): Yes No

If Yes, make check payable to: _____

By submitting this request and the supporting documents, I certify that I am a (select one):

- Licensed Family Child Care Provider Family Child Care Assistant
- License-Exempt Provider Child Care Center Staff Member

AND I have completed the following course(s) (check all that apply):

COURSE (Courses MUST be approved by the Emergency Medical Services Authority.)	HOURS
<input type="checkbox"/> Pediatric CPR Certification (minimum 4 hours)	
<input type="checkbox"/> Pediatric First Aid Certification (minimum 4 hours)	
<input type="checkbox"/> Preventative Health & Safety Certification (minimum 8 hours)	

TOTAL COST \$ _____

Signature of Person Receiving the Reimbursement
(Applicant or Employer Signature)

Date

Mail this form, the original course payment receipts and copies of the course certification cards to the address below.

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