

**Unit 2 - Nursing Reimbursement Form**

**This reimbursement form is to be completed by Unit 2 members who have completed LPN courses between July 1<sup>st</sup> 2019 and June 30<sup>th</sup> 2020.**

To apply for a reimbursement, please complete and return this form. Evidence of a completed course must be included.

There will be a limited number of tuition reimbursements available. All courses must be related to a current LPN program. Please email [careerladderprogram@mass.gov](mailto:careerladderprogram@mass.gov), if you have any questions.

**All reimbursements must be submitted before May 29th 2020.**

**Name:** \_\_\_\_\_

**Employee ID Number:** \_\_\_\_\_

**Region of Massachusetts you work in:** \_\_\_\_\_ (Example NW, SE, W)

**Current Role:** \_\_\_\_\_

**Ideal Career Path:** \_\_\_\_\_

**Course Taken:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**College Attended:** \_\_\_\_\_

Please attach evidence of course completion.

**Return to:**

**By mail** – Training and Career Ladder Program, 100 Cambridge Street, Boston, MA 02114

**By fax** – 617-727-4399

**By email** – [careerladderprogram@mass.gov](mailto:careerladderprogram@mass.gov)