



JACKSON COUNTY

Memorial Hospital

Nursing Student Education Reimbursement

Apply through Human Resources

PROGRAM

- Applicable to LPN, ADN, BSN, MSN courses
- Maximum \$3,000 per year
- Reimbursement for tuition, books, fees, equipment & supplies necessary to the course
- \$3,000 assistance equals 1 year full-time service to JCMH (pro-rated amount if less than \$3,000 reimbursed)

REQUIREMENTS

- JCMH Employee & Nursing Student (LPN, ADN, BSN, MSN)
- Completed 90-day introductory period
- Working 20+ hours per week
- Not receiving assistance from any other source
- Courses must be intended to maintain or improve skills R/T current position
- Must receive a grade "C" in approved course(s)

PROCESS

- Submit application to Human Resources
- Application is reviewed by the Human Resources Department and Executive Management for approval
- Upon course completion, you must submit written proof of successful grade to Human Resources
- After successful grade verified, paperwork will be submitted to Accounting for reimbursement

EXCLUSIONS

- Does not apply to continuing education courses (necessary to maintain license)
- If approved for this program, you are not eligible for the JCMH Tuition Assistance Program or Foundation Student Scholarship



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The Education Assistance Program was designed to provide financial assistance for current employees of Jackson County Memorial Hospital (full-time or part-time status) seeking one of the following degrees: LPN, ADN, BSN or MSN. This program is based on reimbursement for tuition, books, fees and required supplies- **maximum of \$3,000 per fiscal year (July 1 – June 30).**

Applications are due by **July 1 for the summer semester, September 1 for the fall semester and February 1 for the spring semester.** Applications for **block classes** are due once at the beginning of the fiscal year, **July 1.** In order to be considered for reimbursement, you must submit your grades (must obtain passing grade per institution's policy) no later than 1 month after each semester ends. Students with block classes must submit grades (must obtain passing grade per institution's policy) no later than 1 month after the class ends.

Submittal of reimbursement application is not a guarantee of reimbursement payment. All applicants must first go through an approval process. Once the approval process is complete, applicants will receive notification via email of approval or non-approval 2-3 weeks after submission of application.

If you have been approved to receive the Nursing Student Education Reimbursement, the Nurse Intern Scholarship or the Physician Manpower Training Commission (matching option), you may not be eligible for the Foundation Student Scholarship or JCMH Tuition Assistance Program (see Education Assistance Program table for details of each program).

The following procedure has been implemented to allow for a more effective and efficient application process for interested employees. If you are interested in the Nursing Student Education Reimbursement program, please follow these steps (application form is available in Human Resources or on Calvin):

1. Complete and submit the following paperwork to Human Resources:
 - ✓ **“Application for Nursing Student Education Reimbursement”** form (signed by applicant and department head)
 - ✓ **Proof of course costs** (copy of student account with amounts listed for tuition, fees, etc. for current semester or signed letter from bursar's office with student name, semester/year and amounts listed for tuition, fees, etc. for current semester)
 - ✓ **“Outside Tuition Assistance”** form
 - ✓ **Supervisor approval** employee must have a SEM of 2.5 or greater
 - ✓ **Acceptance Letter** from school
2. The completed applications are forwarded to the VP of Human Resources, VP of Patient Care Services and Chief Executive Officer for approval and signatures
3. ***Each applicant will be notified via Meditech of their approval or non-approval within 2-3 weeks after the start of each semester*** (approval will be based upon the organization's current year budget and FTE need)
4. Once the approved courses are completed, each applicant must submit a copy of their school transcript to Human Resources (grade “C” or better is required for each approved course)
5. If all requirements have been completed, the applicant signs the Education Assistance Agreement with stated reimbursed amount.
6. Reimbursement funds are applied to your paycheck. ***Please allow up to 2 pay periods for funds to appear on your paycheck.***

If you have any questions regarding this process or the JCMH Educational Assistance Programs, please contact Human Resources Suzy Frey 379-5882 or Brandi Ward 379-5883



JACKSON COUNTY

Memorial Hospital

Course Title & Number

Credit Hours

Tuition Fees

Course Title & Number	Credit Hours	Tuition Fees
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL SEMESTER/BLOCK AMOUNT: _____
(includes tuition, books, appropriate fees and necessary supplies)



Outside Tuition Assistance

Name

Date

School/Intuition

From: _____ To: _____
Semester Dates (Month/Year)

List Type of Assistance

Amount per Semester

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please check here if you are **NOT** receiving any outside tuition assistance. Please sign and date.

Employee Signature

Date



Nursing Student Education Reimbursement Program

Supervisor Approval Form

Name: _____ Phone Number: _____

Dept. /Job Title: _____ Years of Employment with JCMH: _____

To be filled out by Supervisor or Department Head

- Employee has completed 90-day introductory period.
- Employee is working 20 or more hours per week (proof maybe required).
- Employee is currently in good standing with his/her supervisor and/or department head or Human Resources and has no current discipline issues.
- Employee is recommended for reimbursement of approved costs associated with the obtainment of the above listed nursing program. Maximum reimbursement is \$1,500 part time or \$3,000 full time per fiscal year (July - June).
- Employee has a SEM of 2.5 or greater.

Supervisor/Department Head Signature

Date



EDUCATIONAL ASSISTANCE AGREEMENT

THIS AGREEMENT is made by and between _____ (“Facility”) and _____ (“Employee”) on the _____ day of _____, 20____. In consideration of the premises and agreements herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby forever acknowledged and confessed, the parties hereto agree as follows:

1. Employee agrees that in return for the reimbursement of educational expenses to Employee in the amount of \$_____ (not to exceed \$3,000/fiscal year for full time and \$1,500 for part time), subject to the terms of the Jackson County Memorial Hospital Educational Assistance Program.
2. Employee will agree to remain in the employment at JCMH for one year for each \$1,500 (part time) or \$3,000(full time) of educational expenses reimbursed. Reimbursed amounts less than \$3,000 will be pro-rated to the nearest 1/12th to determine the number of months during which the Employee has agreed to remain in the employment of the Facility.
3. Employee understands said degree or certification must be obtained before employment time reimbursement begins, if not obtained, the employee is liable to facility for repayment of the full amount paid plus interest (going rate at the time).
4. In the event the Employee does not complete the program in which applied for, fails the course, or does not obtain said nursing degree for any reason, or does not take courses for a period of 6 months or greater, the Employee agrees and upstands that they will be liable to facility for repayment of the full amount paid plus interest (going rate at the time).
5. Employee agrees that, should his/her employment with Facility terminate for any reason (except layoff), or if the employee voluntarily changes his/her employment status to below part-time (working less than 20 hours per week, on an average) or Per-Diem, the Employee will be responsible for any amounts of educational expenses reimbursed to Employee by Facility for which Employee has not fulfilled his/her employment commitment under this Agreement. Such amounts shall be offset from Employee’s last paycheck, in the event of termination, or on a prospective basis following a change in status, as determined by the Facility, unless prohibited by law. Employee also agrees to pay any amounts not satisfied by such offset within ten (10) days of the termination of his/her employment.
6. This Agreement and/or any of the terms contained herein shall not be construed in any way to limit the ability of the Facility to terminate its employment relationship with the Employee at any time and for any reason with or without notice.
7. Proof of hours worked per fiscal year may be required for reimbursement.

Employee	Date	VP, Patient Care Services	Date
VP, Human Resources	Date	Chief Executive Officer	Date

Educational agreement to be filled out when picking up reimbursement check.