

## Cleveland County Health Department Opioid Settlement Workforce Development/Expansion Program

## **Education Assistance Application**

This covers cost associated w/certification or licensure pursuing the following:

- LCAS
- CADC
- PSS
- WRAP

This includes course work, related course materials, cost of exams or expenses needed to obtain supervision for course related completion. We will consider other training that supports expansion of workforce to support opioid and substance use disorder treatment.

- To be eligible you must live or work in Cleveland County.
- Must currently work for an agency who provides MAT or OUD services.
- Applications must be approved prior to completion to be eligible for reimbursement.

Name:		
Home Address:		
Agency:		
Agency		
Address: Position:	Daytime Pho	one Number:
Email:		
Name of School:		
Address of School:		
Licensure or Certification sought:		
Name or Description of Course	Start Date	Cost



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The maximum reimbursement allowed per fiscal year is \$2500. [renewal fees or mileage are not allowable expenses] How does this coursework relate to, or benefit you in your current position/goals? PLEASE NOTE: The Reimbursement Program form and required documentation of original receipts for the cost of the course and proof of successful course completion must be submitted within 30 days of course completion. Signature Date Please submit all forms electronically to: <a href="mailto:deshay.oliver@clevelandcountync.gov">deshay.oliver@clevelandcountync.gov</a> Internal Use Only: ☐ Approved Applicant will be ineligible for assistance for any of the reasons below: (Check as appropriate) ☐ Has reached maximum for reimbursement in current fiscal year. ☐ Doesn't meet criteria for education. **CCHD Personnel Signature** Date