



Cleveland County Health Department Opioid Settlement Workforce Development/Expansion Program Reimbursement Request

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: [input box]

Address: [input box]

Agency: [input box]

Agency Address: [input box]

Position: [input box]

Name of Licensure or Certification: [input box]

Table with 4 columns: Name or Description of Course, Start Date, Completion Date, Cost. Contains 3 empty rows.

- Education Assistance Form and required documentation of original receipts and successful course completion must be submitted within 30 days of course completion.
• The maximum reimbursement allowed per fiscal year is \$2500.

[input box]

[input box]

Student Signature

Date

My signature above represents confirmation of my understanding of the Opioid Settlement Workforce Development/Expansion Program reimbursement policy, including, but not limited to, the reimbursement rate, and fiscal annual maximum. My signature further indicates I have attached the required original receipts and successful course completion documentation.



**Cleveland County Health Department Opioid
Settlement Workforce
Development/Expansion Program
Reimbursement Request**

Reimbursement Authorization
(for Health Department use only)

Prior Approval Obtained? Yes No (if no, payment cannot be authorized)

Receipts & Evidence of course completion attached & acceptable? Yes No

Prior YTD Reimbursement Paid:

CCHD Personnel Signature

Date

Please submit all forms and attachments to: deshay.oliver@clevelandcountync.gov