

Litchfield County Opiate Task Force (LCOTF)
Professional Development & Training
Tuition Reimbursement Application

Contact Information

First Name:		Last Name:		
Street Address:				
City:	State:	Zip:	Phone:	Email:

Employer Information: (If applicable)

Job Title:		Employer:		
City:	State:	Zip:	Work Phone:	

Professional Licensing Information: (If applicable)

Professional License or Certification:	License/Certification Number (if applicable):
	Licensure State:

Course & Training Information

Course/Training Name:	
Course/Training Institution:	Start Date:
Will you be Earning Continuing Education Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Total # of Hours to be Completed:
	Total # of Credits to be Earned:

Fees

Tuition/Cost of Training:	
Registration Fees:	
Educational Materials:	
Total Cost to Attend:	

Narrative

How will this training help improve your ability to better serve your community?

How did you learn about this opportunity? (e.g., radio, social media, LCOTF website, listserv, etc.)

Applicant's Signature:	Date:
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FOR OFFICE USE ONLY

Approval Status:	Date of Approval:
Reimbursement Status:	Date of Full Reimbursement:
Applicant Approval Designee:	
Applicant Approval Designee Signature:	