

**Litchfield County Opiate Task Force (LCOTF)**  
**Professional Development & Training Tuition Reimbursement Application for applicants who live or work in Litchfield County only:**

**Contact Information**

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

**Employer Information: (If applicable)**

Job Title:	Employer:
City, State, & Zip Code:	
Phone:	Email:

**Professional Licensing Information: (If applicable)**

Professional License or Certification:	License/Certification Number & State:
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**Course & Training Information**

Course/Training Name:		
Course/Training Institution:		Start Date:
Will you be earning Continuing Education Credits? Yes <input type="checkbox"/> No	# Of hours to be completed:	# Of credits to be earned:

**Fees**

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


**Demographic Information**

**\*This information is NOT USED to determine eligibility. It is used for data collection and quality improvement purposes ONLY.\***

Please indicate which option most closely describes your race/ethnicity:	
Please indicate your age:	

**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:  <div style="text-align: center; margin-top: 20px;"> _____ <b>Applicant</b></div>	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:	