

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

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; border-top: 1px solid black; width: 80%; margin: 0 auto;">  </div> Applicant	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:	