

LICENSURE (BRN) REIMBURSEMENT FORM

Registered Nurses Professional Association Represented Employees Only

Effective August 15, 1994 this form is to be used to request reimbursement of actual cost of the California BRN Registered Nurse licensure fees pursuant to the Professional Development Fund, Section 12.1, (b) 7 of the Memorandum of Understanding between the County and the Registered Nurses Professional Association. All nurses whose BRN license expires during the term of the agreement must present a receipt or other proof of payment and/or copy of the renewed BRN license within sixty (60) calendar days after expiration of the BRN license in order to receive reimbursement. **Requests must be submitted on this form to the County.**

ALL FORMS MUST BE SUBMITTED TO:

**County Center at Charcot
2310 North First Street, Suite 102
San Jose, CA 95131**

ATTN: TUITION REIMBURSEMENT

(DO NOT SUBMIT THIS FORM TO THE RNPA OFFICE, IT WILL BE RETURNED TO YOU)

PLEASE PRINT

_____ Name	_____ Employee ID Number
_____ Address	_____ Classification
_____ City, State, Zip Code	_____ License Number
_____ Department	_____ Work Number
_____ Actual cost of License (Late Penalties/Fee Not Paid)	_____ License Expiration Date

I hereby submit for payment the attached receipt or other proof of payment and/or a copy of my renewed license for California Board of Registered Nursing (BRN) Registered Nurse License listed above. I understand that 50% of the actual cost of licensure (excluding late fees/penalties) will be reimbursed pursuant to Section 12.1 (b) 7 of the Memorandum of Understanding between the County of Santa Clara and Registered Nurses Professional Association. I hereby certify under penalty of perjury that my claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; and that the amount claimed is justly due.

_____ Signature	_____ Date
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