



Approved  
Denied

**Early Learning Coalition of the Nature Coast**  
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

**Professional Development/Certification Reimbursement Program**  
**Reimbursement Application**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ County: \_\_\_\_\_

Primary age group of children served: \_\_\_\_\_ Birth to age two      \_\_\_\_\_ Age three and up

Title of Approved Course, Conference, or Certification: \_\_\_\_\_

**Required documentation attached:**

- \_\_\_\_\_ Copy of certificate of completion, transcript, background screening clearance letter, or other documentation, as appropriate
- \_\_\_\_\_ Receipts for payment of all fees

Reimbursement amount requested: \_\_\_\_\_

Fees paid by: \_\_\_\_\_ Participant      \_\_\_\_\_ Employer

**Mailing address for reimbursement check:**

\_\_\_\_\_  
\_\_\_\_\_

Submit completed application and all supporting documentation to the Coalition office nearest you:

**Main Office**  
1564 N Meadowcrest Blvd  
Crystal River, FL 34429

**Chiefland Office**  
212 N Main St  
Chiefland, FL 32626

**Bushnell Office**  
114 Jumper Dr North  
Bushnell, FL 33513

\_\_\_\_\_  
Applicant Signature      Date

*I hereby certify that the above-named applicant is employed at my facility.*

\_\_\_\_\_  
Employer Signature      Date

FOR COALITION USE ONLY:	
Documentation verified by: _____	Date received: _____
Date check mailed: _____	RFE number: _____