MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD DEVELOPMENT ● OFFICE OF CHILD CARE
200 West Baltimore Street, 10TH Floor, Baltimore, Maryland 21201

APPLICATION FOR TRAINING REIMBURSEMENT

An application for a training reimbursement shall be accepted only for approved training successfully completed not more than 180 days before the date of this application request. Applicant must hold a current Maryland Child Care Credential of Level Two or higher.

 INSTRUCTIONS: Complete this application form and mail it with __all__ documentation to the Office of Child Care (OCC) at the above address. Complete __all__ information in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications **will not** be processed.

PERSONAL INFORMATION:

Applicant's Name:_____
(Please print or type)   Last   First   Middle   Maiden

Social Security #(required):_____   Annual Family Income: _____
                                                                                                        (Federal Tax Form 1040 – Line 22)

Mailing Address: _____
                              Number   Street   Apt. # (if applicable)   City   State   Zip Code

Daytime Phone #: _____ Alternate Phone #:_____

E-mail Address: _____

I am a: (Check the appropriate box.)

☐ I am a Family Child Care Provider, registration #:_____

☐ I work in a Child Care Center: Center Name_____ License#_____

TRAINING INFORMATION – (Only training completed within the past **SIX** months may be reimbursed.)

Attach **copies** of:
- Receipt of payment indicating the amount paid for the training.
- Certificate of successful completion, grade slip or transcript. (Documentation must include the name of the participant, the date of training, training title, name of Trainer or organization, and, if applicable, the OCC assigned approval number.)

	Training Date(s)	Training Title	Amount Paid
1.			
2.			
3.			
4.			
5.			
6.			
7			
8			
9.			
10			
		TOTAL AMOUNT REQUESTED:	

ASSURANCES: All information on this application is true and accurate to the best of my knowledge. I understand that any false statement on this application will result in being denied reimbursement; being required to repay the amount reimbursed; and/or no longer be eligible for training reimbursement.

Applicant's Signature:_____ Date:_____
                       (Must be signed in BLUE INK)

OCC 273b (Revised 04/2015) - *All previous editions are obsolete.* **Keep a copy of the completed application and all documentation for your files.**