

# **THE JIMMY C. RAMSEY MEMORIAL TRAINING REIMBURSEMENT PROGRAM**

## **PROGRAM CONCEPT**

This program has been developed for use by any Rocky Mountain Division (RMD) member, in good standing, for reimbursement of training associated costs paid for by the member from his/her own funds. Reimbursement will be made for any training in one or more of the identification fields recognized by the International Association for Identification (IAI). The maximum reimbursement will be \$500.00.

This program will be administered by a Training Reimbursement Committee appointed by the President for the term of his/her office.

Upon request each applicant will be supplied with a packet of information and forms necessary to facilitate the reimbursement and show proof of completion of the training. The applicant must register and pay for the training class themselves, and complete the training, before any reimbursement will be made.

Applicants may submit their request in advance of training. Funds will be set aside based on the pre-approval, but no funds will be paid until the training is completed.

Applications are accepted at any time on a first come first serve basis. They should be mailed to the RMD-IAI Secretary. The application will then be reviewed by a special committee, appointed by the current President, to determine that all the eligibility requirements have been met. Submission of an application is no guarantee that a reimbursement will be made.

Applicants will be notified if they are not approved due to lack of available funds, class content, or because the member is not in good standing.

Only members in good standing of the RMDIAI are eligible. A member in good standing is one who is current with his/her dues.

### **REIMBURSEMENT PERIOD**

The reimbursement period runs from January 1 until December 31 of each year or until the reimbursement money for the current period is exhausted.

### **REIMBURSEMENT LIMITS**

Reimbursement will be awarded on the basis of the cost of the training fees, but cannot exceed \$500. That is, the reimbursement will be equal to the costs of the training or \$500 maximum. Applicants may be awarded only one reimbursement per year.

#### TRAINING FEES MUST BE PAID FOR BY THE RMD-APPLICANT MEMBER

Reimbursement will be considered only where the member has paid for the class training fees out of his or her own personal funds. Reimbursement cannot be made for training that was paid for by the member's agency or other sponsor. Reimbursement may be applicable for the registration, lodging, meals, or travel.

#### ACCEPTABLE TRAINING CLASSES

Any training will be considered acceptable that pertains to one or more of the identification disciplines established by the IAI.

## APPLICATION INSTRUCTIONS

Along with the reimbursement request, as proof of attendance, a copy of the member's class certificate, or a statement signed by the class instructor verifying attendance, and the individual member's payment receipt must be submitted to the Reimbursement Committee. In addition, the applicant may furnish a review or summary of the training. If submitted, this should be a minimum of one paragraph in length. This review may be published in our quarterly newsletter, *The Silent Witness*. Photos may also be submitted, but they must be captioned.

Reimbursement will be considered only when the member has paid for the class training fees out of his/her own personal funds. Reimbursement cannot be made for training that was paid for by the member's agency or other sponsor. Reimbursement may be given for registration, lodging, meals, or travel expenses.

#### ISSUANCE OF REIMBURSEMENT CHECKS

Reimbursement checks will be issued to the member as soon as practical if approved.

# TRAINING REIMBURSEMENT REQUEST FORM

## Jimmy C. Ramsey Memorial Training Reimbursement Program

RMD-IAI Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_

Supervisor 's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_ - \_\_\_\_\_

Mailing Preference: Home • Work •

E-mail: \_\_\_\_\_

Title of Training Class \_\_\_\_\_

Subject of Training Class \_\_\_\_\_

(Must fit one or more of the IAI recognized disciplines)

Date of Class \_\_\_\_\_ Location \_\_\_\_\_

Total Training Cost \_\_\_\_\_

Amount Requested \_\_\_\_\_ (Not to exceed cost of training or \$500, whichever is less.)

**Submission of an application is no guarantee that a reimbursement will be made.**

I affirm that I have read the published rules regarding the issuance of an RMDIAI Training Reimbursement and agree to abide by them in full. I understand that failure to comply will result in future reimbursements being denied. I also understand that I may not be selected for reimbursement approval.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit completed application to:**

**George Slack**  
**625 46<sup>th</sup> Avenue Way**  
**Greeley, CO 80634-2005**  
**(970)352-5484**  
**georgeeslack@comcast.net**

Committee Notes:

**RMD-IAI USE ONLY**

Date Received \_\_\_\_\_

Member in Good Standing \_\_\_\_\_

Class fits approved Disciplines \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

Funds Available \_\_\_\_\_

Funds Approved \_\_\_\_\_

Proof of Attendance Received \_\_\_\_\_

Summary/Evaluation Received \_\_\_\_\_

Reimbursement Check Mailed \_\_\_\_\_