



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

Christina R. Ghaly, M.D.  
Director

Los Angeles County Department of Health Services

<b>Policy &amp; Procedure Title:</b>		Nursing Tuition Reimbursement Program	
<b>Category:</b>	700-799 Personnel Policy	<b>Policy No.:</b>	701.3
<b>Originally Issued:</b>	12/13/2002	<b>Update (U)/Revised (R):</b>	11/9/2020
<b>DHS Division/Unit of Origin:</b>	Office of Nursing Affairs		
<b>Policy Contact – Employee Name, Title and DHS Division:</b> Susan Currin, Chief Nursing Officer			
<b>Contact Phone Number(s):</b>	(213) 288-7702		
<b>Distribution: DHS-wide</b> <input checked="" type="checkbox"/>	<b>If not DHS-wide, other distribution:</b>		

**PURPOSE:**

The purpose of this policy is to outline County and Department guidelines regarding the Registered Nurse Tuition Reimbursement Program. Tuition reimbursement is contingent upon allocation of funds in the Department of Health Services (DHS) budget or other source of funding, as available.

**POLICY:**

Permanent County employees *encumbering a registered nurse classification (item)* may be entitled to request full or partial tuition reimbursement upon the successful completion of an approved nursing course(s).

Approved courses include, but are not limited to the following:

- Courses required to obtain a Bachelor’s Degree in Nursing.
- Courses required to obtain a Master’s Degree related to nursing.
- Courses required to obtain a Doctoral Degree in Nursing Science or other doctoral program related to nursing.

To be eligible for reimbursement, the course must be taken at an accredited University or College. Accredited institutions are defined in the Los Angeles County Human Resources Policies, Procedures and Guidelines Manual under Section 123 titled “Accredited College Education.” The application contains links that can further assist with determining if a college or university is accredited.

Reimbursement will not be made for books, supplies or other incidental costs. Reimbursement will not be made for student activity fees and other special student assessments except at State schools where such charges are mandatory, and no other tuition is charged.

The facility Chief Nursing Officer (CNO), and the DHS Office of Nursing Affairs (ONA) will have the

---

*The mission of the Los Angeles County Department of Health Services is to advance the health of our patients and our communities by providing extraordinary care.*

discretion to set the amount at which courses are reimbursed. The amount of reimbursement is not to exceed \$3,000 annually per Fiscal Year and is based on available funding.

### **Program Parameters**

To qualify for reimbursement, the following requirements must be met:

1. The employee must hold a permanent /full-time Registered Nurse position within the Department of Health Services and have passed his/her initial six (6) month probation.
2. A one-year DHS term of service commitment is required. If the employee terminates their employment with DHS within one year of the tuition reimbursement, they shall return the amount of such reimbursement to Los Angeles County DHS (County Code section 5.52.040).
3. The employee must have an overall rating of competent or better on their Performance Evaluations when applying and while enrolled in the Tuition Reimbursement Program.
4. If an employee does not maintain their overall performance rating of competent while receiving tuition reimbursement, they may risk being terminated from the program.
5. The employee must meet attendance requirements as specified by their facility policy and procedure.
6. The employee must receive a passing grade of "C" or better for each undergraduate course(s) and a passing grade of "B" or better for each graduate level course(s) for which they are requesting reimbursement.
7. If the employee is a veteran, they must have exhausted all veteran eligibility tuition reimbursement from the federal government and the State of California.
8. The employee must not attend course(s) during their County scheduled work hours.
9. If the employee is receiving other reimbursement(s), they are not eligible for the DHS Nurse Tuition Reimbursement Program.

### **PROCEDURE:**

1. The employee shall submit the following to their facility Nurse Recruitment Office/Nursing Administration Office no later than 5 business days from the start date of the course.
  - a) Completed "**Application for Registered Nurse Tuition Reimbursement Program**" form (Attachment A).
  - b) Completed "**Tuition Reimbursement Checklist**" (Attachment B)
  - c) **Copy of course(s) schedule** that displays proof of enrollment for course(s) for which reimbursement is being requested.

d) An estimated **cost of course(s)**.

Only one application will be accepted per semester/quarter/course term. More than one course for each semester/quarter/course term may be included on each application, if applicable.

2. Within thirty (30) days of completion of approved course(s), the employee is required to submit a Nurse Tuition Reimbursement claim packet to the Nurse Recruitment Office/Nursing Administration upon completion of approved course(s). The claim packet must include the following:
  - a) A completed “**Claim for Registered Nurse Tuition Reimbursement Program**” (Attachment C) form,
  - b) Copy of final transcript with course(s) description and final grade report from the accredited college/university, and
  - c) Itemized receipt/proof of payment from the accredited college/university.
3. The employee’s claim for tuition reimbursement will not be processed until all the above requirements are met. The applicant will receive notification indicating missing documentation or not meeting criteria for the program.
4. The Nurse Recruitment Office/Nursing Administration will review the claim documents/packet for completeness and forward the claim packet to the Office of Nursing Affairs for processing.
5. The Nurse Recruitment Office/Nursing Administration Office at each facility is the primary source of responsibility for administration of the Tuition Reimbursement Program, which includes the appropriate determination of employee eligibility for reimbursement, thorough completion of application and claim packet, and maintenance of all program-related documents for a period of five (5) years.
6. Nurse Recruitment Office/Nursing Administrative Office shall track the employee’s tuition reimbursement status.
7. The Office of Nursing Affairs is responsible for processing the Registered Nurse Tuition Reimbursement Program request.
8. The Office of Nursing Affairs will present a quarterly Tuition Reimbursement Report to the Chief Nursing Officer Council.
10. The Chief Nursing Officer Council will have oversight of this program.

**ATTACHMENTS/FORMS:**

Application for Registered Nurse Tuition Reimbursement Program – Attachment A  
Application Checklist – Attachment B  
Claim for Registered Nurse Tuition Reimbursement Program - Attachment C

**REFERENCE(S)/AUTHORITY:**

Los Angeles County Code, Title 5, Section 5.52.

## Tuition Reimbursement Checklist

Employee Name \_\_\_\_\_ Emp # \_\_\_\_\_

**This form is to be completed and submitted by the applicant with the Tuition Reimbursement Application and approved by the Supervisor/Nurse Manager.**

- Course must be taken at an accredited University or College and must meet the academic requirements of the Department's Training Plan. University or College was checked for accreditation using the following links: CA BRN site to check approved nursing programs: <http://www.rn.ca.gov/education/mprograms.shtml>  
U.S. Department of Education: <https://ope.ed.gov/accreditation/Search.aspx?6d6f64653d30267264743d312f32352f3230313720313a35303a313020504d%20Western%20Association%20of%20Schools%20and%20Colleges.%20Accrediting%20Commission%20for%20Community%20and%20Junior%20Colleges>  
Universities Worldwide: <http://www.whed.net/home.php>
- The employee must hold a permanent Registered Nurse position within the Department of Health Services.
- There is a required one (1) year DHS term of service commitment associated with the Nurse Tuition Reimbursement Program.
- The employee must have received a competent or better rating in all areas of their Performance Evaluation in the immediate past year, and maintain the same or higher rating for the current year.
- If an employee does not maintain their performance rating of competent in all areas while receiving tuition reimbursement, they risk being terminated from the program.
- The employees must have successfully passed their initial six (6) month probation period before application for tuition reimbursement can be considered.
- The employee must meet attendance requirements as specified by their facility.
- The employee must receive a passing grade of "C" or better for each undergraduate course (s) and a passing grade of "B" or better for each graduate level course(s) for which they are requesting reimbursement.
- If the employee is a veteran, they are not eligible for tuition reimbursement from the County until they exhaust their eligibility for tuition reimbursement from the federal government and the State of California.
- The employee shall take course work outside assigned working hours and on the employee's own time.
- If the employee is receiving other reimbursement, they may not be eligible for Nurse Tuition Reimbursement Program.
- If the employee terminates employment with Los Angeles County within one year of the date of the completion of the last course for which they have been reimbursed, they must return the amount of such reimbursement to Los Angeles County DHS (County Code Section 5.52.040).
- Upon completion of the approved course(s), once the employee has received their final grade report, a claim for tuition reimbursement (Attachment C) should be submitted to the Nurse Recruitment Office or Nursing Administration Office. Reimbursement claim forms will not be processed without proper documentation including prior course approval, proof of payment and course grade.
- The Nurse Recruitment Office or Nursing Administration Office forwards the approved Nurse Tuition Reimbursement claims to the Office of Nursing Affairs for processing (Attachment C).
- Reimbursement claim forms will not be processed if they are submitted later than 30 calendar days from the course(s) completion date.

Tuition Reimbursement Checklist

Employee Name \_\_\_\_\_ Emp # \_\_\_\_\_

I have read the Policy and the Checklist and by checking off the box for each Tuition Reimbursement requirement above, I attest to the compliance with **County Code Section 5.52.040** and **DHS Policy 701.3**.

\_\_\_\_\_  
Nurse Manager  
Print Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tuition Reimbursement Applicant  
Print Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date



County of Los Angeles – Department of Health Services

**APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM**

*\*APPLICATION FORMS MUST BE SUBMITTED NO LATER THAN FIVE BUSINESS DAYS FROM THE START DATE OF THE COURSE\*  
 CLAIM FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE COMPLETION OF THE COURSE  
 INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED*

SECTION I. EMPLOYEE INFORMATION					
Last Name		First Name			
Employee No.		Item No.		Dept No.	
Mailing Address					
Work Location/Area			Work Phone No.	( )	
Work Address					
Email Address (County)	( )	Cell Phone No.	( )		
I am currently attending (School Name)				in one of the following programs:	
<input type="checkbox"/> Bachelors Degree in Nursing	<input type="checkbox"/> Masters Degree in:	<input type="checkbox"/> Doctoral Degree in:			

SECTION II. REIMBURSEMENT ELIGIBILITY				
ATTACH A LIST OF THE REQUIRED CLASSES/COURSES				
Course Title		Course No.		Units
Course Begins (MM\DD\YY)		Course Ends (MM\DD\YY)		
Course Description				

Course Title		Course No.		Units
Course Begins (MM\DD\YY)		Course Ends (MM\DD\YY)		
Course Description				

Total Tuition Fee	\$
-------------------	----

Are you eligible for reimbursement through veteran's benefits? If YES, attach verifying documents that you have exhausted these benefits.	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Date		Employee Signature	
------	--	--------------------	--

SECTION III. TO BE COMPLETED BY SUPERVISOR / NURSE MANAGER			
--	--	--	--

I recommend approval for this employee's application and certify that the employee meets the department's Registered Nurse Tuition Reimbursement Policy guidelines (meets attendance standards, has passed the initial probationary period, and has a current rating of competent or better on annual performance evaluation): <input type="checkbox"/> YES <input type="checkbox"/> NO			
---	--	--	--

If NO, reason denied:			
-----------------------	--	--	--

Date		Nurse Manager or Supervisor Signature	
------	--	---------------------------------------	--

Payroll Title		Print Name	
---------------	--	------------	--

County of Los Angeles – Department of Health Services

**APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM**

SECTION IV. TO BE COMPLETED BY FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION			
Employee Last Name		Employee First Name	
Reviewed and approved by Facility Nurse Recruiter or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	
Reviewed and approved by Chief Nursing Officer or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

County of Los Angeles – Department of Health Services  
**CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM**

**CLAIM FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE COMPLETION OF THE COURSE  
 INCOMPLETE OR ILLEGIBLE APPLICATION FORMS WILL NOT BE PROCESSED**

EMPLOYEE SUBMITTED THE FOLLOWING ATTACHMENTS:  
 \_\_\_\_\_Transcripts/Grades      \_\_\_\_\_Itemized Receipt/Proof of payment

**\*For all documentation, please highlight the applicable grades, charges and/or payments relevant to the claim.**

SECTION I. EMPLOYEE INFORMATION				
Last Name		First Name		
Employee No.		Item No.		Dept No.
Mailing Address				
Work Location/Area		Work Phone No.	(    )	
Work Address				
Email Address(County)	(    )	Cell Phone No.	(    )	

SECTION II. COURSE INFORMATION				
Course Title		Course No.		Units
Course Begins(MM\DD\YY)		Course Completed(MM\DD\YY)		
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.				
1. What did you learn in this course?				
2. As a result of taking this course, how will you apply what you learned to your job?				

Course Title		Course No.		Units
Course Begins(MM\DD\YY)		Course Completed(MM\DD\YY)		
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.				
1. What did you learn in this course?				
2. As a result of taking this course, how will you apply what you learned to your job?				

Total Tuition Fee	\$
-------------------	----

I request reimbursement for the registration fees paid as listed above. Proof of payment and grad report are attached. I understand that if I terminate my permanent employment with the County within one year after the completion of this course, I shall be required to return the full amount of this reimbursement to the County.

Date		Employee Signature	
------	--	--------------------	--

County of Los Angeles – Department of Health Services  
**CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM**

SECTION III. TO BE COMPLETED BY FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION			
FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE DESIGNEE USE ONLY			
Reviewed and approved by Facility Nurse Recruitment Office or Nursing Administration Office Designee: <input type="checkbox"/> YES <span style="margin-left: 200px;"><input type="checkbox"/> NO</span>			
Date		Signature	
Payroll Title		Print Name	

AMOUNT TO BE REIMBURSED	\$
-------------------------	----