

[L-11] First Aid/CPR Training Reimbursement

For Aide 1 and Assistant 1 Staff/Providers

Who is eligible? Aide 1 staff working at Certified Centers or Assistant 1 staff working at Certified Family Child Care facilities.

Requirements for reimbursement:

1. Training must be uploaded to the Oregon Registry Online (ORO).
2. Employee must have Aide 1 or Assistant 1 title and be linked to the facility in ORO.
4. WOU Substitute W-9 with information verifiable with IRS.
5. Reimbursement request must be submitted within 3 months of training date.

Program/Provider Name	Date ()
Program License #	Phone #

Name/s of Aide 1/Assistant 1s for whom reimbursement is being requested: (Attach additional pages if needed.)

#1		#6	
#2		#7	
#3		#8	
#4		#9	
#5		#10	

Payment Information: (Must match WOU Substitute W-9.)

Name of business/individual requesting reimbursement	Street Address		
	City	State	Zip

Signature	Date
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Include the following with this form:

1. Original receipt/s for each individual
2. WOU Substitute W-9

Note: Forms with missing information will be held for payment until information is received.

Mail Forms To:

Western Oregon University
TRI/Central Coordination of CCR&R
345 N Monmouth Ave
Monmouth, OR 97361

Questions: 800-342-6712

For Business Use Only
Amount:
Invoice #:
Index #:
Account Code:
Approved by:

Demographic Questionnaire

You may choose not to provide demographic information. It will not affect the status of your reimbursement/stipend.
Note: For First Aid/CPR Reimbursement for Aide 1/Assistant 1 please have the Aide 1/Assistant 1 complete the Questionnaire.

Program/Provider Name _____	Date _____
Program License # _____	() Phone # _____

1. Which of the following describes your racial or ethnic identity? Please check All that apply.

<input type="checkbox"/> Native American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis <input type="checkbox"/> Indigenous Mexican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Native American (please list) _____	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander (please list) _____
<input type="checkbox"/> Hispanic of Latinx <input type="checkbox"/> Hispanic or Latinx - Central American <input type="checkbox"/> Hispanic or Latinx - Mexican <input type="checkbox"/> Hispanic or Latinx - South American <input type="checkbox"/> Other Hispanic or Latinx (please list) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Black) <input type="checkbox"/> Caribbean (Black) <input type="checkbox"/> Other Black (please list) _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (please list) _____	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other (please list) _____
	<input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White (please list) _____

2. What is your preferred language? List below.
