

**PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM (PDAP)**

**GUIDELINES**

*Southeast Health Group (SHG) provides PDAP as a means to*

*support and foster employee professional development*

**PROGRAM ADMINISTRATION**

PDAP is administered by Human Resources (HR). All applications, reimbursement requests, extension requests, and other matters should be directed to HR.

**ELIGIBILITY**

The following must be met in order to apply:

* Employee must be in pursuit/receipt of an approved degree (Associate’s or higher), approved certification (ie CACI, CACII, CACIII, SO, DV), and/or approved license (ie LPC, LCSW, LMFT, LAC, RN, LPN)/telehealth credential.
* Degree: Employee must have completed 24 months of full-time (FT) service\* and be enrolled in an accredited United States college/university, listed in the current edition of *Accredited Institutions of Postsecondary Education* (published by the American Council on Education). In addition, CACREP designation is required for a clinical-based degree.
* Certification: Employee must have completed 12 months FT service\* and selected an approved program.
* License/Telehealth Credential: No certain months of service required, nor does the employee need to be FT.
* New Hire or Incumbent Staff wishing to receive reimbursement for prior tuition must be ineligible to apply for loan repayment through other programs such as the National Health Service Corps or the Colorado Health Service Corps.
* Employee must be in Good Standing with the agency; see box below.

\*Months of service and FT status are waived if a) pursuit under PDAP is a requirement of the position or B) employee received approval.

“Good Standing” status is determined by the employee’s supervisor, based on items such as the following:

* Overall work performance/behavior, including quality and timeliness, deemed at standard or above.
* Productivity level deemed at standard or above.
* No disciplinary action (ie Written Warning, Corrective Action Plan) received in the past 6 months.

**OBLIGATIONS**

PDAP participant must agree to comply with the following:

* Degree: Participant will submit grade and payment receipt upon approval or within 1 month after receipt of grade.
* Certification: Participant will submit class enrollment information prior to registration deadline, along with course verification within 1 month after course completion. A CACII class request requires: A)completion of JP exam, B)DORA registration; and C)900 hours. A CACIII class request requires 1800 hours.
* License/Telehealth Credential: Participant will submit reimbursement request within 1 month of receipt (ie JP exam, LPC exam, non-SHG supervision hours).
* Participant will complete degree, certification, or license/telehealth credential within the timeframe agreed upon. Should the participant wish to request an extension, s/he is to contact HR. Decisions regarding extensions are determined on a case-by-case basis and may or may not be granted.
* Participant, upon completion of degree, certification or license/credential, will provide continued employment in accordance to the following schedule:
  + Associate’s Degree 12 months
* Bachelor’s Degree 24 months
* Master’s Degree 36 months
* Doctoral Degree 48 months
* License Length of license (See “Other”, if classes, supervision hours, or telehealth involved)
* Other To be determined on a case-by-case basis
* If a position is available, the receipt of a degree, certification or license/credential may result in a promotion or lateral transfer (ie receipt of CACII may require a transfer to Addiction Counselor). Should a position be currently unavailable, a participant must be willing to provide related services, as needed, in addition to his/her regular job until a position becomes available (ie CACII leading a PFP group after completion of his/her regular shift). Under no circumstances is SHG employment guaranteed for a specified duration, nor the receipt of a particular position.

**Continued**

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**CUMULATIVE MAXIMUM AMOUNT**

The cumulative maximum PDAP benefit is $20,000. This amount may be increased with CEO approval.

**TAX IMPLICATIONS**

Receipt of PDAP funds may fall under Section 132 of the Internal Revenue Code (ie funds in access of $5,250 per calendar year may be considered taxable income). Participants are advised to check with their tax preparer for clarification and direction.

**WORK TIME MISSED**

Prior supervisory approval is required when a participant’s work schedule is altered in order to pursue PDAP-related efforts. Such efforts may be consider paid or unpaid time, based on the circumstances. Typically, course work (in-person and online performed at the work site) is considered paid time; shadowing is considered unpaid. Should the time be considered unpaid, the employee will be required to request paid leave if PDAP-related efforts result in reduced work hours for the week.

**DEGREE REIMBURSEMENT DETAILS**

PDAP funds are reimbursement-based and cover tuition only. Books, course materials, fees (ie activity, lab, tutor, late payment), room and board, parking and transportation are disallowed. To request reimbursement, a participant must provide HR the following upon approval or within 1 month after course completion:

* *PDAP Request* form;
* Verification of grade; and
* Verification that tuition has been paid in full.

Reimbursement is grade-based and will be in accordance with the following schedule:

* A or Pass—90% of tuition;
* B—75% of tuition;
* C—50% of tuition; and
* D, F, Fail, or Incomplete—0% of tuition.

**CONDITION OF NON-PAYMENT**

A PDAP request can be denied, should SHG funding be unavailable or the employee be deemed ineligible for any reason.

**CONDITION OF REPAYMENT**

Under the following conditions, a participant will be obligated to fully or partially repay SHG for PDAP funds received:

* Participant receives a D, F, Fail, or Incomplete in a certification class (where funds were received in advance);
* Participant fails to complete degree/certification/license-credential as agreed upon; or
* Participant voluntarily leaves employment prior to completion of continued employment obligation; and/or
* Participant is discharged from employment for Gross Misconduct.

**APPLICATION PROCEDURES**

Step 1 Employee becomes familiar with PDAP Guidelines, including eligibility criteria and program obligations.

Step 2 Employee conducts open discussion with his/her supervisor regarding work performance, professional development endeavors, career goals and the potential benefits of PDAP for both the employee and the agency.

Step 3 Employee obtains PDAP Binder from HR, where program documents and other materials will be stored.

Step 4 Employee gathers binder materials, completes PDAP *Application* form, and obtains supervisor’s signature.

Step 5 Employee submits completed binder to HR, where members of management determine approval.

**PDAP Binder Tab 1 Tab 2 Tab 3 Tab 4 Tab 5**

***PDAP*** Program Information FAFSA; Hours ***PDAP***

***Guidelines &*** Acceptance; Correspondence; ***Requests***

***Application***  Tests Misc



**PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM (PDAP)**

**APPLICATION**

*Please complete applicable information below and sign. Upon meeting with your supervisor and obtaining his/her signature, include this form in the required binder obtained from HR.*

**EMPLOYEE INFORMATION**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current supervisor:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position you are pursuing, if different:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ First day of fulltime employment: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Prior PDAP application/participation (ie dates, description)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How will you and SHG benefit from this degree, certification or license/telehealth credential?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DEGREE – CERTIFICATION – LICENSE**

**Pursuit/Receipt of (circle): Degree – Certification – License/Telehealth Credential**

1. **DEGREE (circle): Associates – Bachelors – Masters – Doctorate**

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Field of Study**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undergraduate Class Level (circle)**: NA – Freshman – Sophomore – Junior – Senior

**Description of attempts to receive financial aid:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Estimated Completion Date: (month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (year)\_\_\_\_\_\_\_\_\_\_**

**Continued**

**SHG PDAP Application, pg 2 of 2**

**\**

1. **CERTIFICATION (circle):** CAC I – CACII – CACIII – SO – DV – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program (ie Odyssey, Seven Cedars):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor signing off on hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Completion Date: (month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (year)\_\_\_\_\_\_\_\_\_\_**

1. **LICENSE/CREDENTIAL (circle):** LPC – LCSW – LMFT – LAC – Tele – \_\_\_\_\_\_\_\_

**Supervisor signing off on hours (NA\_\_):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Completion Date: (month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (year)\_\_\_\_\_\_\_\_\_\_**

**SIGNATURES**

1. I have read and understand the *PDAP Guidelines.*
2. I have discussed my professional development and career goals with my supervisor, who supports these efforts.
3. Degree: I am currently a fulltime (FT) employee, with 24+ months of FT service\*, and enrolled in an approved program.
4. Certification: I am currently a FT employee, with 12+ months of FT service\*, and have selected an approved program.
5. I understand, as an At Will employee, I have no guarantee of any certain length of employment at SHG. I further understand that receipt of a degree, certification and/or license-credential does not automatically guarantee a certain position at SHG.
6. My submitted materials for program approval are complete and accurate.
7. I understand a *PDAP Application* may be unapproved and is in no way guaranteed.
8. Should I receive approval:
   1. Degree: I will submit a *PDAP Request*, grade and payment verification to HR within 1 month upon receipt of grade.
   2. Certification: I will submit a *PDAP Request* within 1 month prior to registration deadline, along with course completion verification within 1 month after course ends. I understand supervisory-approved online course work may be considered paid time (on-the-clock) if I am on-site and available to work – and all my present duties are current. I further understand efforts toward my hours, which are not part of my current job (ie shadowing), are considered unpaid time (off-the-clock). Lastly, I understand prerequisites are in place for CACII class approval (JP exam, DORA registration and 900 hours) and CACIII class approval (1800 hours).
   3. License/Telehealth Credential: I will submit a *PDAP Request* within 1 month of passing exam or payment of supervision hours.
9. I will not request PDAP funds covered by non-loan related financial assistance from another source (ie scholarship, grant).
10. I understand each *PDAP Request* is subject to approval—and availability of SHG funds—and is in no way guaranteed.
11. I understand I have obligations, outlined in the *PDAP Guidelines*, including program completion and continued employment.

( Participation falls under “Other” and has been determined to be a period of \_\_\_\_ months of continued employment.)

1. I understand I must notify HR immediately in the event I withdraw from a class/program or other such action.
2. Should I fail to comply with program obligations, I may be asked to repay – fully or partially, based on the circumstances – those PDAP funds received. Should this occur, the amount owed will be deducted from my wages and/or invoiced.

\*Months of service and/or FT status are waived if A) pursuit under PDAP is a requirement of the position or B) employee received approval.

***I certify the above statements are true.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Employee Signature Date**

***Approved / Not Approved*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Supervisor Signature Date**

**6/2019**

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***Approved / Not Approved*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**HR Signature Date**