



## Professional Development Reimbursement (PDR)

### Eligibility Criteria and Process July 1, 2016 –June 30, 2017



**What is a Professional Development Reimbursement (PDR)?** A Professional Development Reimbursement (PDR) provides Early Care and Learning professionals residing in Alaska with funding of up to \$1,500 per State fiscal year (July 1—June 30) for higher education and/or training.

#### Eligibility Criteria:

- 1. EDUCATION/TRAINING MUST HAVE BEEN COMPLETED WITHIN THE PAST 90 DAYS**
- You must be operating, or be a paid employee, of a licensed child care facility. (Military, Head Start, and School District employees are not eligible. Approved Providers are **only** eligible to receive PDRs for CPR/FA.
- You must have an active/current/updated SEED Registry membership. You may submit or renew an application online at [www.seedalaska.org](http://www.seedalaska.org). For more information, contact SEED at: [info@seedalaska.org](mailto:info@seedalaska.org) or 907.265.3194 or 855.265.7333.
- You must pay any unpaid **thread** training balance(s), if applicable to receive a PDR.
- Training must be in early childhood education, health and safety, facility administration or topics directly related to working with young children. Higher education/training must be successfully completed with at least a “C” equivalent or “Pass”. Specific to conferences, **Full Conference attendance is required or reimbursement may be denied.**
- PDR funds of up to **\$500/per State fiscal year** for **approved training** includes: classes, workshops, seminars, conferences, online training and CPR/First Aid.
  - o Conference registration fees will be reimbursed at the membership rate only
- PDR funds of up to **\$1000/per State fiscal year** for **higher education** include: accredited college or university undergraduate or graduate courses. Funds will cover training and/or higher education tuition costs including fees and books.
  - Higher education/trainings must have been **completed within the past 90 days of a PDR Application**. You may use a combination of funds for **approved training** and/or **higher education**.
- You must submit the following document(s) with your PDR application: 1.) Receipts or proof of payment (credit card or bank statement) with your application for higher education/training: 2.) Proof of completion (copy of higher education or training transcript(s), certificate, credential, full conference attendance showing stickers on all sessions).

#### PDR WILL **NOT** COVER OR REIMBURSE FOR THE FOLLOWING:

- Face-to-face or webinar training offered by **thread**
- Cost of membership fees for professional organizations
- Parking fees
- Funds already covered by other financial aid such as Pell Grants, Veteran’s Administration Benefits, Scholarships, training/education paid by your Employer, Child Care Grant (CCG) Program Reimbursements, etc. PDR funds will be reduced by the amount of other scholarships and/or financial aid.

#### **thread, SEED**

3350 Commercial Drive, Suite 203  
Anchorage, AK 99501

Telephone: 907.265.3194 / **Toll Free**: 1.855.265.7333

Fax: 907.265.3195 / **Toll Free Fax**: 1.855.265.3195

Email: [info@seedalaska.org](mailto:info@seedalaska.org)

Updated 7/28/2016





# Professional Development Reimbursement (PDR)



## APPLICATION

July 1, 2016 – June 30, 2017

**\*\*EDUCATION/TRAINING MUST HAVE BEEN COMPLETED WITHIN 90 DAYS OF THIS APPLICATION\*\***

Thank you for submitting a Professional Development Reimbursement (PDR) Application. PDR funds will be awarded on a **FIRST COME, FIRST SERVE** basis. **Payment will be made within 21-45 days after a completed application is received.**

I certify that I operate, or am a paid employee, of a licensed child care facility or am an Approved Provider, and meet the Eligibility Criteria. The information in this request is true and accurate to the best of my knowledge. Falsification of any information may result in repayment of funds and the inability to receive future reimbursement funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print in **black** or **blue** ink or complete electronically, and then print and sign your application. Incomplete, illegible or incorrect applications will not be processed. **ALL FIELDS ARE REQUIRED.**

Applicant's Name \_\_\_\_\_

Facility/Approved Provider Name \_\_\_\_\_ Administrator's Name \_\_\_\_\_

Make Check Payable to \_\_\_\_\_ (Programs/Businesses paying with a business credit card with an employee's name on the card will be paid to the program/business not the individual)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

AK SEED Registry Username \_\_\_\_\_ SEED Expiration Date \_\_\_\_\_  
(If unknown, call 907.265.3194 or email [info@seedalaska.org](mailto:info@seedalaska.org))

**Program is a licensed:**  Center  Group Home  Home  Approved Provider **Costs were paid by:**  Employer  Self

**I work with:**  Infant-Toddler  Preschool  School Age  Other \_\_\_\_\_

**I am using PDR funds to earn/for/to:**  Obtain/Renew CDA  Associates degree  Bachelor's degree  Master's degree  
 Doctorate degree  Early Childhood Administrator Credential  Continuing Education credits/training hours for Child Care Licensing  CPR/First Aid Certificate

How will this higher education/training help you move up on the Alaska SEED Registry Career Ladder?

Higher Education/Training Title \_\_\_\_\_ Actual Cost \$ \_\_\_\_\_

Higher Education/Training Title \_\_\_\_\_ Actual Cost \$ \_\_\_\_\_

Higher Education/Training Title \_\_\_\_\_ Actual Cost \$ \_\_\_\_\_

Applicants will be notified by email or mail. Please initial the following statements before submitting your PDR Application:

- \_\_\_\_\_ I understand I am being reimbursed for higher education costs **up to \$1,000** and/or training costs **up to \$500**.
- \_\_\_\_\_ I have filled in all required fields on this application
- \_\_\_\_\_ Education/training was completed within the past 90 days
- \_\_\_\_\_ I have included receipt(s) or proof of payment for the higher education/training obtained (electronic and photocopied or scanned documentation is acceptable)
- \_\_\_\_\_ I have submitted proof of higher education/training completion documentation
- \_\_\_\_\_ I have paid any unpaid **thread** training balance(s), if applicable

**Please return your completed and SIGNED application via fax, mail or email (scanned copies) to:**

**thread, SEED**  
3350 Commercial Drive, Suite 203  
Anchorage, AK 99501

Telephone: 907.265.3194 / **Toll Free:** 1.855.265.7333  
Fax 907.265.3195 / **Toll Free Fax:** 1.855.265.3195  
Email: [info@seedalaska.org](mailto:info@seedalaska.org)

