

# PROVIDERS' COUNCIL

## Renewal Form for Tuition Remission Program 2017-2018 Academic Year

**Instructions:** In order for your human services employees to continue to participate in the Tuition Remission Program, sponsored by the Providers' Council, your agency must:

- 1) Complete this renewal form.
- 2) Mail this form along with the renewal fee to the Tuition Benefits Coordinator at the Providers' Council at the address listed below.

To offset the costs of operating this program an annual fee is required for renewal. The fee is \$50 for members and \$200 for non-members.

Upon receipt of the renewal fee and approval of this form, the Providers' Council will review the Certificates of Employee Eligibility for Tuition Remission from your eligible employees for the academic year 2017-2018.

Check if a member of the Providers' Council.

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Corporate Name (please type or print)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Corporate Address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Federal Employer Identification Number

\_\_\_\_\_  
Funding Agencies (for ex. DCF, DMH, DDS, DPH, DTA, DYS, ELD, MCB, MCDHH, MRC, EECC, ORI)

As CEO/President, I certify that this agency is a private provider of human services that holds at least one current state contract with any of the Secretariats of Health and Human Services, Elder Affairs or Administration and Finance. The contract(s) are for object codes M03 and/or MM3 to provide services that assist, maintain or improve the personal, mental or physical well-being of individuals or families, including social, habilitative, rehabilitative, health, mental health, intellectual and developmental disabilities, vocational, employment and training, and elder services, but specifically excluding special education services.

I have read and understand the guidelines and agree to comply. Upon approval of this agency, I will advise my employees of our policies regarding the Tuition Remission Program and update eligible employees about any revisions to the Program that the Providers' Council or Board of Higher Education may make in the future.

A check issued for the non-refundable renewal fee in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_  
CEO/COO Signature

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Date

For Providers' Council Office Use Only

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Approved

*The 2017-2018 academic year includes Summer Session II (July/August) 2017, Fall 2017, Winter/Spring 2018, and Summer Session I 2018 semesters only.*