

SAMPLE RECEIPT FROM A NURSE AIDE TRAINING PROGRAM

SCHOOL LETTERHEAD

DATE

NURSE AIDE NAME
NURSE AIDE ADDRESS
CITY, STATE ZIP

RE: REIMBURSEMENT RECEIPT

This letter will serve as your original receipt for the Nurse Aide Training Program.

According to our files, NAME completed the nurse aide training requirements at LOCATION on DATE at a cost of:

Tuition	\$	_____
Book	\$	_____
Total	\$	_____

The training fee of AMOUNT was paid on DATE by check/money order # _____. Please keep this original letter. We are not authorized to issue duplicate letters. This letter must be signed and dated by you and turned over to your employer in order to obtain reimbursement. You can be reimbursed for your training costs if you meet the following criteria:

- You personally incurred your training costs.
- You are employed within 12 months of successful completion of the nurse aide training program.
- You are employed by a nursing facility enrolled in Medicare and/or Medicaid.
- You provide the nursing facility with this original letter, signed and dated by you.
- NOTE: A copy of this letter is not acceptable.
- You work 130 hours as a nurse aide for the nursing facility to receive ½ of the fee and another 130 hours to receive the balance.

Sincerely,

SCHOOL ADMINISTRATOR

(Nurse Aide Candidate Signature)

(Date)