DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

www.nih.gov

MEMORANDUM

Date:

To:

Through:

From:

Subject: Request for Approval of Appropriated Funds for the Reimbursement of Expenses for Professional Credentials

Licensure/Credentialing Organization:	
Address of Organization: (Street, City, State, Zip Code)	
Requested Professional Credential:	
Expense Amount:	$
Term of Professional Credential:	To

For advance approval requests only:
If this request is for an anticipated professional credential, what is the expected date of completion?

I understand that if I do not successfully complete the requirements to obtain the professional credential, I will not be reimbursed for incurred expenses. **Employee - please initial in box.**

Employee Official Position Title

☐ I am a credentialed health professional which **requires** licensure in order to provide clinical care and the provision of clinical care is required as a part of my official duties **OR**

☐ The professional credential above directly relates to the duties of my position.

If obtaining the professional credential is not **required**, briefly describe how the professional credential directly relates to the duties of the position.

I hereby request reimbursement for the above professional credential in accordance with NIH implementing policy. I have attached the required supporting documentation.

Employee Signature

Date

Recommending and Approving Official:

Recommended Reimbursement Amount: $

The professional credential above directly relates to the mission, goals, and objectives of the NIH. I hereby recommend reimbursement in accordance with 5 U.S. C. § 5757 (a) and NIH implementing policy and NIH Delegation of Authority Human Resources #21, entitled "Use of Appropriated Funds to Pay for Professional Licensure, Certification, Accreditation, Examination, and Related Expenses."

Recommending Official Signature	Branch Chief, NCI	Date
Recommending Official Signature	CLINCAL DIRECTOR, NCI	Date
Approving Official Signature	DIRECTOR, OFFIC OF HUMAN RESOURCES	Date

Note: This approval must be retained in the purchase or reimbursement file. A copy of the approved package should be emailed to: CSSED@mail.nih.gov.