



Registration Form for Tuition Remission Program 2019 - 2020 Academic Year

Instructions: In order for your human service employees to participate in the Tuition Remission Program, administered by the Providers' Council, your agency must:

- 1) Review the Tuition Remission Guidelines.
- 2) Complete this registration form.
- 3) Mail this form along with the registration fee to the Providers' Council at the address listed below.

To offset the costs of operating this program, a fee is required for registration. The registration fee is \$100 for Providers' Council members and \$250 for agencies that are not members of the Council. The renewal fee is \$50 for members and \$200 for non-members.

Upon approval of this form, the Providers' Council will send a Certificate of Employee Eligibility for Tuition Remission Program to your agency for duplication and distribution to interested employees.

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

Purchasing 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 registration fee in the amount of \$_____ is enclosed.

CEO/COO Signature

(Print name)

Date

For Providers' Council Office Use Only

Authorized Signature

Date Approved

The 2019-2020 academic year includes Summer Session II (July/August) 2019, Fall 2019, Winter/Spring 2020, and Summer Session I 2020 semesters only.