Clinical Associate Tuition Award Benefit Request
And
Authorization Form

Instructions: To be completed by Clinical Associate
Fax this form to Misericordia University (570) 674-1452 (PT Dept)
att: CHS department clinical coordinator (MI, NURS, OT, PT, SONO, SLP)

Name of Facility: _____

Name of Clinical Associate: _____ Phone:_____

Discipline (circle one): MI NURS OT PT SONO SLP

Name of MU Clinical Coordinator: _____

Course Request: _____
Semester: _____
Course Title and Number: _____
Number of credits: _____

Name of MU Student Supervised: _____

Dates of MU Student Clinical/ Field Work Experience: _____

Eligible Clinical Associates must have direct clinical contact with the student.
This benefit of an undergraduate/graduate tuition award will be based on the clinical supervision hours of a Misericordia University student. The eligible individual must provide the number of clinical supervision hours, per fiscal Year (July 1-June 30) in order for the tuition award to be considered. The maximum number of credits is 6 per health sciences discipline per facility per year. For example, if the facility offers clinical/fieldwork experiences to medical imaging and occupational therapy, the tuition award for clinical associates is a maximum of 6 credits for each of these disciplines per year. The tuition award must be used within 1 year from the date of completion of eligible clinical supervision hours. The facility is responsible for determining the distribution of the credits among the eligible clinical associates. It may be used for any college credit or non-credit course which adequately rosters. The tuition award must be redeemed (*) by June 30 of the following year.

Number of clinical supervision hours	Credit Award(s)
1-150 hours	1 credit
151-300 hours	2 credits
301-450 hours	3 credits
451-600 hours	4 credits
601-750 hours	5 credits
751-900 hours	6 credits

_____ _____
Clinical Associate Signature Date

Authorization (for Misericordia University use only)

Clinical Associate eligible for tuition award? **YES** **NO** If NO: Why? _____

Number of Credits awarded: _____ Budget Year July 1, _____ to June 30, _____

_____ _____
Clinical Coordinator Signature Date

Approved: Clin Ed comm.. 3/27/07, to CHS 4-16-07, Clin Ed comm. 6-15-07; revised 4-26-07, 6-7-07, 6-15-07