Clinical Associate Tuition Award Benefit Request
And
Authorization Form

Instructions: To be completed by Clinical Associate
Fax this form to Misericordia University (570) 674-3040
att: CHS department clinical coordinator (MI, NURS, OT, PT, SONO, SLP)

Name of Facility: ___________________________________________________

Name of Clinical Associate: ___________________________________________

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

Name of MU Clinical Coordinator: _______________________________________

<table>
<thead>
<tr>
<th>Course Request:</th>
<th>Semester:</th>
<th>Course Title and Number:</th>
<th>Number of credits:</th>
</tr>
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Name of MU Student Supervised: _______________________________________

Dates of MU Student Clinical/Fieldwork 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.

<table>
<thead>
<tr>
<th>Number of clinical supervision hours</th>
<th>Credit Award(s)</th>
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</thead>
<tbody>
<tr>
<td>1-150 hours</td>
<td>1 credit</td>
</tr>
<tr>
<td>151-300 hours</td>
<td>2 credits</td>
</tr>
<tr>
<td>301-450 hours</td>
<td>3 credits</td>
</tr>
<tr>
<td>451-600 hours</td>
<td>4 credits</td>
</tr>
<tr>
<td>601-750 hours</td>
<td>5 credits</td>
</tr>
<tr>
<td>751-900 hours</td>
<td>6 credits</td>
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</tbody>
</table>

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 ____________