



COVAID Reimbursement Form

PDF - 132 KB

School of Medical Imaging
And Nursing

COV-AID Package Reimbursement Request Form

In response to the COVID-19 pandemic, WCUI has implemented a COV-AID Package for eligible and active externship students. In addition to the support provided in the COV-AID Package, WCUI will provide financial reimbursement to encourage our student's ongoing education for the following:

- Provide reimbursement of the student's requisite CME credits and courses
- Provide reimbursement for up to, two (2) registry exams
- Provide reimbursement attendance at up to two (2) applicable conferences. This includes conference attendance fees, hotel, and flight up to a max reimbursement payment of \$1,000.

All above activities, **must be completed within two (2) years following the date of the student's graduation from WCUI**. In order to receive reimbursement, **students must send in copies of receipts of the above eligible activities to their Career Services Department for review. Please attach copies of this receipt to this completed form.**

Please fill out the form below, attach all copies of your receipts and send to your Career Services team.

| | | | |
|--|------------------------|-----------------|-----------------------|
| Name: | Sheyla lopez | Student ID: | 81082 |
| Campus: | Phoenix | Email: | Slopezz08@outlook.com |
| Activity Type (CME Course, Registry Exam, Conference): | Conference | Activity Title: | Obgyn |
| Brief Description of Activity: | Obgyn 3 day conference | | |
| Total Reimbursement Request: | \$350 | | |

Signature: _____

Sheyla Lopez

Date Submitted: 02/18/2021

CAREER SERVICES (For office use only)

Career Services Name: _____

Signature: _____

Date Reviewed: _____

ACCOUNTING (For office use only)

Total Reimbursement Given: _____

Reimbursement Date: _____

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Please sign in to your sheylalopez@momdoc.com account.

Sign in

