



Grow Our Own Nurses Professional Development Application Form

Description:

Mid Michigan College (Mid) will reimburse Nursing adjuncts pursuing an MSN degree who earn a 2.5 GPA up to \$3000 for tuition per calendar year. Mid will pay the institution’s actual tuition or the average of Central Michigan University, Saginaw Valley State University, Ferris State University, and Michigan State University, whichever is lower.

Eligibility:*

Professional development reimbursement for new applicants is based on a review process each semester. The following criteria are required for application with supporting evidence (i.e., transcripts):

- The applicant must have taught for Mid for two semesters.
- The applicant must have a 2.5 GPA in their BSN degree.

For continued eligibility:

- The applicant must maintain a 2.5 GPA in their MSN coursework.
- The applicant must continue to teach a minimum of 7.5 credit hours per year for Mid while completing their MSN.
- The applicant must show continued progress in their MSN coursework, with two classes completed per year.

Commitment:

Reimbursement is contingent upon an adjunct’s continued service with Mid for at least 29 contact hours for each \$3000 awarded. If service is discontinued prior to that time, the adjunct must pay back any remaining balance according to the following guidelines. Each contact hour taught earns a credit of \$103.45 towards the total reimbursed. Any balance not worked as part of this agreement will be deducted from the employee’s final paycheck and/or invoiced to the adjunct if the amount is greater than their final paycheck. Mid’s professional development reimbursement should not replace financial assistance received from an applicant’s additional employer.

If you are taking classes in the following semesters, the deadlines for application submission are as follows: Fall – May 1, Winter – October 1, Spring – February 1

Employee Name _____ Employee # _____

Home Phone: _____ E-mail Address _____

School _____ Estimated Graduation Date _____

Years taught at MMCC: _____ BSN GPA: _____

Adjunct Signature and Date

Director of Nursing Signature and Date

Associate Dean of Health Sciences and Date

***An annual quota for new participants may be established at a future date with additional selection criteria determined as needed.**



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Instructions:

In accordance with the Professional Development Reimbursement Policy, please submit evidence of course completion including final grade, copies of receipt from the accredited college or university for reimbursable tuition paid, and this request form within 30 days of receiving grades. MMCC professional development reimbursement should not replace financial assistance received from an applicant's additional employer. Employer-paid professional development expenses may be considered taxable income based on current IRS regulations for purposes of the employee's income tax liability. Employees receiving financial assistance should consult with their tax preparer. The signature below represents an understanding and agreement to this policy.

Employee Name _____ Employee # _____

Home Phone: _____

E-mail Address _____

School _____

Estimated Graduation Date _____

Amount Requested _____ Grade Received _____

Adjunct Signature: _____ Date: _____

Dean of Allied Health Signature: _____ Date: _____

HR Signature: _____ Date: _____

HR Use Only:

Grades Meet Established Criteria: Yes No

Receipt Attached: Yes No

Amount of Reimbursement: _____ Previously Reimbursed this FY: _____

Remaining FY Balance: _____ Hours Worked this FY: _____

Remaining Hours Balance: _____