

Applicant name:

Reimbursement Application for Mental Health First Aid Instructor Training

This form requests reimbursement for successful completion of the Mental Health First Aid Instructor Certification training through the National Council for Mental Wellbeing, up to \$2,200. Please submit this form with copies of the requested documentation to LeadingAge Iowa at info@leadingageiowa.org or LeadingAge Iowa, 11001 Aurora Ave, Urbandale, IA 50322.

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Community name:	
Community address:	
Date of expense:	
Dates of Mental Health First Aid Instructor Training:	
Total reimbursement requested:	
Total Approved for reimbursement:	
Remember:	
☐ Attach Copy of invoice/receipt for course:	
☐ Attach Copy of Mental Health First Aid Instructor certificate:	