



GOODHUE COUNTY

APPLICATION FOR TUITION REIMBURSEMENT

(completed by employee)

This application must be filed with your Department Head prior to the start of the class.

Name Samantha LaShomb

Department Health and Human Services

Job Title Agency Social Worker

Course Title Psychopathology

School Walden University

Course begins 2/27/23

ends 5/21/23

Tuition Cost \$ 2,575.00

Explain nature or content of course:

Course assists with identifying mental disorders and to understand the necessary professional evaluations needed to formulate a DSM-5 diagnosis in a culturally sensitive and ethical manner. Students are sensitized to the risks and benefits of using diagnosis, with an emphasis on minimizing stigma.

This application is submitted for approval of tuition reimbursement for the above in accordance with the provisions and conditions of the Tuition Reimbursement Policy. My enrollment in this course is voluntary and I understand that my time spent taking the course will not be considered as time worked for Goodhue County. I understand the required vesting period as stated in the Tuition Reimbursement Policy and elect to reimburse the County if the vesting period requirement is not met.

Employee Signature: Samantha LaShomb

DEPARTMENT HEAD/SUPERVISOR APPROVAL Wendy J. Wilson

Will

Will not

benefit this employee in his/her present capacity.

I believe this course

Department Head Signature: Wendy J. Wilson

Date

4/18/2023

NOTICE OF COMPLETION AND APPLICATION FOR REFUND

The employee named on this application has satisfactorily (received a "C" grade or higher) completed the course described in this application. The completed records of completion and the receipt of payment are attached.

Please refund employee \$ _____ in accordance with the provisions of the Tuition Reimbursement Program.

Department Head Signature:

Date



GOODHUE COUNTY

APPLICATION FOR TUITION REIMBURSEMENT

(completed by employee)

This application must be filed with your Department Head prior to the start of the class.

Name Samantha LaShomb

Department Health & Human Services

Job Title Agency Social Worker

Course Title Social Work Practice with Couples and Family Systems

School Walden University

Course begins 2/27/23

ends 5/21/23

Tuition Cost \$ 2575.00

Explain nature or content of course:

Focus of this course is on gaining an advanced understanding of theories and techniques for working with couples, married individuals, and families, as well as to acquire skills for theory integration and theory-based treatment.

This application is submitted for approval of tuition reimbursement for the above in accordance with the provisions and conditions of the Tuition Reimbursement Policy. My enrollment in this course is voluntary and I understand that my time spent taking the course will not be considered as time worked for Goodhue County. I understand the required vesting period as stated in the Tuition Reimbursement Policy and elect to reimburse the County if the vesting period requirement is not met.

Employee Signature: Samantha LaShomb

DEPARTMENT HEAD/SUPERVISOR APPROVAL 2. Lohian

I believe this course Will Will not benefit this employee in his/her present capacity.

Department Head Signature: [Signature]

Date 7/18/2023

NOTICE OF COMPLETION AND APPLICATION FOR REFUND

The employee named on this application has satisfactorily (received a "C" grade or higher) completed the course described in this application. The completed records of completion and the receipt of payment are attached.

Please refund employee \$ _____ in accordance with the provisions of the Tuition Reimbursement Program.

Department Head Signature: _____

Date _____