

MEDICAID AGENCY ORIENTATION

REFUND REQUEST FORM

First Name:

Last Name:

Preferred Name:

Phone:

Email:

*MUST BE THE SAME EMAIL USED FOR TRAINING SIGN UP

CANDIDATE QUESTIONS

1) I am requesting a refund from SNNW MAO all sessions Certification due to cancellation 30 days prior to the first session.

Yes No

2) I am requesting a refund from SNNW MAO ALL Session Certification due to cancellation less than 5 days prior to the start of the class.

Yes No

A. If Yes to #2, Was the cancellation due to an medical or personal emergency as outlined in the refund policy?

Yes No

B. If Yes to #2, Did the candidate provide documentation of the medical or personal emergency with this form? *May Provide Attachments*

Yes No

3) Other information to take into consideration by participant:

REQUEST REVIEW & DECISION

OFFICE USE ONLY

Was documentation of need provided? Yes No

Was SNNW able to fill this Open Seat? Yes No

Was the Request Form Completed and Sent within Timelines? Yes No

Decision:

Executive Director:

Signature :

Date :