

Reimbursement Form

Please ensure that **all receipts and other necessary items are attached** in order for reimbursement to be processed. If unable to attach here, please send to your **Compliance Coordinator, Recruiter**, email to **reimbursement@ronarastaffing.com** or fax to 661-505-7045 Thank you!!!

RN/Employee Name: *

Facility Name: *

Assignment Duration (MM/DD/YYYY - MM/DD/YYYY): *

Is this your first assignment with Ronara Staffing Solutions ? *

- Yes
 No

Licensing Reimbursements:

- RN License Reimbursement
 RN License Application
 Fingerprinting
 Nursys/Other Verification

Licensing Reimbursement Total:

Certification Reimbursements:

- BCLS ACLS
 PALS MAB(Management of Abusive Behavior)
 NIH Stroke Scale NRP
 Fetal Heart Monitoring ENPC
 LA County Firecard TNCC
 CEU (Max of \$30 per year)

Certification Reimbursement Total:

Medical Reimbursement:

- Drug Screen TB/PPD
- Chest X Ray Physical
- Titers Fit Test
- Other(describe below):

Medical Reimbursement Total:

Other:

- Annual Scrubs (\$50/yr)
- ID Photo (when required by facility)
- Professional Liability Insurance (\$100/yr)
- Other Item Required by Facility (describe below)

Other Items Reimbursement Total:

Reimbursement Grand Total: *

Reimbursement Grand Total:

\$0.00

Licensing Receipt #1

 No file chosen

Licensing Receipt #2

 No file chosen

Licensing Receipt #3

 No file chosen

Certification Receipt #1

No file chosen

Certification Receipt #2

No file chosen

Certification Receipt #3

No file chosen

Certification Receipt #4

No file chosen

Certification Receipt #5

No file chosen

Certification Receipt #6

No file chosen

Medical Receipt #1

No file chosen

Medical Receipt #2

No file chosen

Medical Receipt #3

No file chosen

Medical Receipt #4

No file chosen

Other Receipt #1

No file chosen

Other Receipt #2

No file chosen

Other Receipt #3

No file chosen

Other Receipt #4

No file chosen