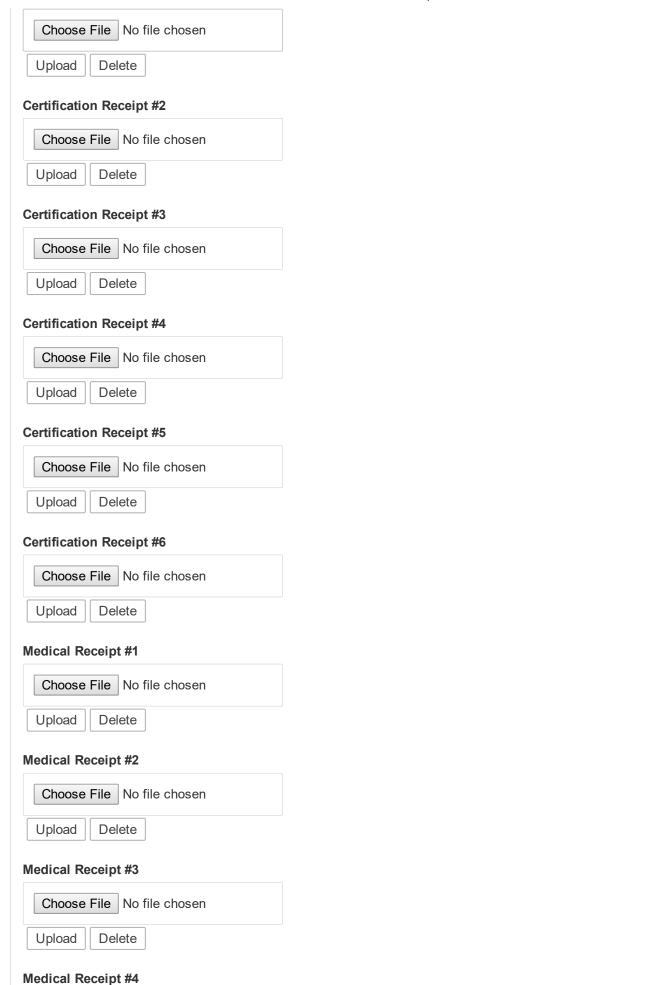
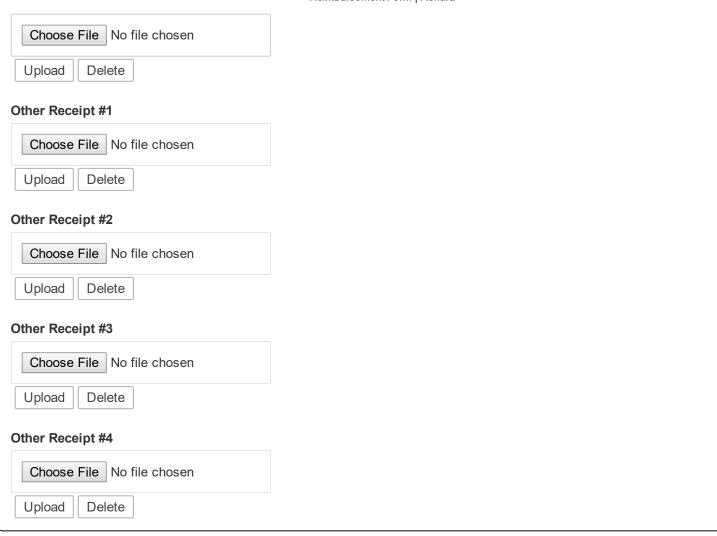
## Reimbursement Form

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 O 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/PP□	)
☐ Chest X Ray ☐ Physica	al
☐ Titers ☐ Fit Test	
Other(describe below):	
Medical Reimbursement Total:	
Other:	
☐ Annual Scrubs (\$50/yr)	
☐ ID Photo (when required by facility)	
Professional Liability Insurance (\$1	00/yr)
Other Item Required by Facility (de	escribe below)
Other Items Reimbursement Total:	
Reimbursement Grand Total: *	Reimbursement Grand Total:
	\$0.00 Calculate
Licensing Receipt #1	
Choose File No file chosen	
Upload Delete	
Licensing Receipt #2	
Choose File No file chosen	
Upload Delete	
Licensing Receipt #3	
Choose File No file chosen	
Upload Delete	
Certification Receipt #1	





**SUBMIT**