**UCLA FSPH Health Policy and Management Student Association**

**Professional Organization Membership Fee Reimbursement Policy, Procedure and Criteria**

**Policy:**

To promote professional development among Health Policy and Management students at the UCLA Fielding School of Public Health, HPMSA partially subsidizes the cost of registration and membership for students wishing to join professional public health-related organizations.

To allow as many students as possible to receive financial support, requests for reimbursements must be evaluated and approved by the HPMSA Board, Dr. Laura Erskine, and the HPM department. To ensure that requests are processed in a timely manner, requests must be **submitted within two weeks of when the expense was incurred or by the final instructional day of each quarter, whichever comes first.**

Reimbursement funds will be limited to current MPH students in the HPM Department. Qualifying students may request up to half (50%) of their total registration expenses and can receive a maximum dollar amount of $100 per year (Fall, Winter, and Spring quarters combined).

**Procedure - Please submit the following documentation in 1 e-mail titled: <Reimbursement Request> to** [***ucla.hpmsa@gmail.com***](mailto:ucla.hpmsa@gmail.com)

1. Completed Professional Organization Membership Fee Reimbursement Application (page 2 of this document)
2. Copy or screen shot of the membership fee receipt, such as a payment confirmation e-mail, etc.
3. Copy or screen shot of your credit card/bank statement**\*** indicating that the payment was posted to your account. For your safety, please remember to mask all confidential information, such as your balance or bank account number.

**\* Ensure that your full name and the last four digits of your account number are visible.**

Students will be notified of approval and final disbursement amount by email from the HPMSA VP of Finance.

**Criteria:**

* 1st or 2nd year MPH student (2nd year students will receive priority)
* Demonstrated interest and relevance to career goals and professional development through attendance of organization-associated events and utilization of resources provided through membership.

**Professional Organization Membership Fee Reimbursement Application**

*- PLEASE INCLUDE ALL RECEIPTS WITH APPLICATION -*

***Student Information***

Full Name: UID:

Mailing Address: Email Address:

Phone Number:

***Professional Organization Registration Information:***

Organization Name: Cost of Membership:

Length of Membership: Requested Reimbursement Amount:

(up to 50% of cost of membership, capped at $100 per student)

***Statement of Interest:***

Please briefly explain how membership with the above organization benefits your career goals and professional development.

**Fund Manager Approval:**

x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HPMSA Approval:**

x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_