

[L-11] First Aid/CPR Training Reimbursement

For Aide 1, Assistant Program Leaders, and Assistant 1 Staff/Providers

Who is eligible? Aide 1 or Assistant Program Leader staff working at Certified Centers or Assistant 1 staff working at Certified Family Child Care facilities.

Requirements for payments:

1. Training must be uploaded to the Oregon Registry Online (ORO)
2. Employee must have Aide 1, Assistant Program Leader, or Assistant 1 title and be linked to the facility in ORO.
3. Original receipt showing payment.
4. WOU Substitute W-9 with information verifiable with IRS.
5. Reimbursement request must be submitted within 3 months of training date.

Do you provide childcare to infants or toddlers (ages 0-3)? ☐ Yes ☐ No

Program/Provider Name

Date

Program License #

Phone #

Name/s of Aide1/Assistant Program Leader/Assistant 1s for whom reimbursement is being requested:
(Attach additional pages if needed).

1		6	
2		7	
3		8	
4		9	
5		10	

Payment Information: (Must match WOU Substitute W-9).

Name of business/Individual requesting payment

Street Address

City, State, Zip

Signature

Date

Include the following with this form: (Note: Forms with missing information will be held for payment until it is received.)

1. Original receipt/s for each individual
2. WOU Substitute W-9

Submit Forms at Secure Portal: wou.edu/tri/forms or

Mail Forms To:

TRI at Western Oregon University
345 Monmouth Ave N
Monmouth, OR 97361

Questions: 503-838-8008, tripayments@wou.edu

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For Office Use Only

Amount:

Invoice#:

Index #:

Account Code:

Approved by:

Demographics Questionnaire

You may choose not to provide demographic information. It will not affect the status of your reimbursement/stipend.
Note: For First Aid/CPR Reimbursement for Aide 1/Assistant Program Leader/Assistant 1 please have the staff person complete the questionnaire.

Provider Name _____

Date _____

☐ Decline to answer questionnaire

1. Which of the following describes your racial or ethnic identity? Please check All that apply.

<input type="checkbox"/> Native American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis <input type="checkbox"/> Indigenous Mexican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Native American (please list) _____	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander (please list) _____
<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Hispanic or Latinx – Central American <input type="checkbox"/> Hispanic or Latinx – Mexican <input type="checkbox"/> Hispanic or Latinx – South American <input type="checkbox"/> Other Hispanic or Latinx (please list) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Black) <input type="checkbox"/> Caribbean (Black) <input type="checkbox"/> Other Black or African American (please list) _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (please list) _____	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other Middle Eastern (please list) _____ <input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White (please list) _____

2. What is your preferred language? List below.
