

Suggested Format for Certification of UPP Completion
UNIVERSITY LETTERHEAD (revised 2006)

Date

Ohio PCSA Director

Address

RE: UPP Graduate's Name

Dear _____ :
(Ohio PCSA Director)

The University Partnership Program (UPP) is a collaboration among seven of Ohio's state universities, public children services agencies (PCSAs), the Ohio Department of Job and Family Services and the Ohio Child Welfare Training Program (OCWTP). The goals of the UPP include providing Ohio PCSAs with newly graduated employees who have completed two child welfare courses and senior or master's internships in PCSAs.

The child welfare courses and other required social work courses completed by this UPP graduate are designed to provide competencies equivalent to those in Core 101 through 104 of the OCWTP. Ohio House Bill 95 stipulates that PCSA directors may waive completion of Core 101-104 for UPP graduates.

The first enclosure with this letter certifies that your newly hired child welfare worker has successfully completed all requirements of the UPP, is eligible to receive from our university partial reimbursement for his or her tuition and fees, and must complete one or two years of employment at an Ohio PCSA.

In the unlikely event that a UPP graduate does not complete the required work commitment, he or she must pay back to the university the full reimbursement amount received. The contract between the UPP student and the university stipulates that if upon employment by an Ohio PCSA the graduate defaults on the required one or two year work commitment, the PCSA must initiate recovery of the full reimbursement amount from the graduate. If the PCSA is successful in recovering the reimbursement, the PCSA must return it to the graduating university.

The second enclosure with this letter is an agreement between your agency and the UPP graduate that stipulates the graduate's responsibility to pay back to the university the full amount of reimbursement received if the graduate defaults on his or her employment commitment. We recommend that the agency director or designee sign this agreement, provide a copy to the graduate and a copy to the university and keep the original in the employee's personnel file.

If you have any questions, please contact me.

Sincerely yours,

Social Work College/School/Department Chair

Enclosures

UNIVERSITY LETTERHEAD

Certification of Completion University Partnership Program

Date:

This document certifies that the following University Partnership Program graduate has successfully met all requirements of the UPP:

Name of graduate:

Degree received:

Date of graduation:

PCSA where graduate completed internship:

Number of years in UPP:

Number of years of PCSA employment commitment:

Amount of tuition/fees reimbursement:

Certified by: (name of university rep signing this document)

Signature:

Campus Coordinator:

Signature:

cc: Student
Regional Training Center

University Partnership Program Repayment Agreement

To be signed by the UPP graduate:

I understand and agree that should I fail to complete the _____ year(s) of employment with an Ohio public children services agency (PCSA), I must repay \$ _____, the full amount of tuition reimbursement I received from _____ University when I was hired by the _____ County PCSA.

Signature of UPP graduate _____

Date of signature _____

To be signed by the hiring PCSA representative:

Signature of PCSA representative _____

Date of signature _____

NOTE: If the UPP graduate does not voluntarily return to the university the full amount of tuition and fees reimbursed, the PCSA is responsible for initiating recovery of the reimbursement funds.

cc: UPP graduate
University