

# My Rewards Course Submission Form

Kentucky HEALTH *My Rewards* offers select courses through a Learning Management System (LMS). Organizations may request to have a course reviewed to be included in the LMS and have the course count toward earning My Rewards dollars. We will evaluate the courses based on content, relevance, value and duration.

Content must be consistent with the Kentucky HEALTH objective of promoting improvement in health, financial understanding, social, and education skills, training, and employment abilities and general wellbeing.

- Complete this form and submit it, along with course content, links or other documents, to [CourseSubmissions@ky.gov](mailto:CourseSubmissions@ky.gov).
- Once reviewed, you will receive a notice of approval or rejection, or a request for more information.
- You may also submit questions to [CourseSubmissions@ky.gov](mailto:CourseSubmissions@ky.gov).

| Organization Information  |   |                             |                          |
|---|---|-----------------------------|--------------------------|
| Organization Name:  |   |                             |                          |
| Organization Website:   |   |                             |                          |
| Organization Business Type:   |   |                             |                          |
| <input type="checkbox"/> Government   | <input type="checkbox"/> Healthcare Provider  |                             |                          |
| <input type="checkbox"/> Non-profit   | <input type="checkbox"/> Educational Agency   |                             |                          |
| <input type="checkbox"/> Community-based  | <input type="checkbox"/> Other: _____   |                             |                          |
| Brief Description of the Organization:  |   |                             |                          |
| Contact Name:   |   |                             |                          |
| Phone:  | Email:  |                             |                          |
| Alternate Contact Name:   |   |                             |                          |
| Phone:  | Email:  |                             |                          |
| Course Information  |   |                             |                          |
| Course Title/Name:  |   |                             | Course Length (min.):    |
| Course Category: <input type="checkbox"/> Health Skills <input type="checkbox"/> Work Skills <input type="checkbox"/> Life Skills |   |                             |                          |
| Course Description: <i>Please provide a brief description of the course and objectives</i>  |   |                             |                          |
| Course Delivery   |   |                             |                          |
| Required Course Format:   | <input type="checkbox"/> SCORM e-learning package <input type="checkbox"/> H5P <input type="checkbox"/> Video<br>*If other e-learning platform, specify: _____<br><input type="checkbox"/> ADA Compliant (Voice-Over, Closed Captioning, etc.) <input type="checkbox"/> Spanish<br><small>*Other e-learning platforms must be compatible with our LMS</small> |                             |                          |
| Is there a knowledge Check?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If yes, how many questions? | Suggested Passing Score: |