

Title II: Highly Qualified Teacher Certification Application for Reimbursement

Date:

School:

Name:

Required for Teaching Out-of-Field

YES

Required to meet Highly Qualified

YES

Request is for:

Test Cost Reimbursement - complete the information below

| TEST(s) | 1 st Request | 2 nd Request |
|-----------------------------------|---|---|
| Test Name | | |
| Date Administered | | |
| Administration Site | | |
| Test Format | | |
| Test Fee | | |
| Verification of Passing Score | | |
| Required by DOE for Certification | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |
| Total amount | NOTE: Participant must provide original statement/invoice. | |
| \$ | | |

Course Cost Reimbursement - complete the information below

| Course Request(s) | 1 st Request | 2 nd Request |
|-----------------------------------|---|---|
| Course | | |
| Dates | | |
| Course Site/Online | | |
| Course Fee | | |
| Other information | | |
| Verification of Passing | | |
| Required by DOE for Certification | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |
| Total amount | NOTE: Participant must provide original statement from college/university. | |
| \$ | | |

Signature

Date