

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