THERAPIST REIMBURSEMENT REQUEST

Request for Reimbursement of License and Certification Expenses

The District shall reimburse therapists the amount necessary to procure and renew state certifications and licenses necessary for performance of their duties.

PLEASE COMPLETE THE FOLLOWING:	
Name:	Date request submitted Work location:
Certification or License No:	
Renewal Period:	
Amount of reimbursement requested s	\$
Signature	
received to the Human Resources	f of payment and license/certification department.
	ထထထထထထထထထထထထထ OFFICE USE ONLY
This request \square has \square has not been approved	for reimbursement.
Received by:	Date:
Submitted to PPS	

c. Licensure File