**VIRGINIA DEPARTMENT OF EDUCATION**

**OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION**

# STATE INDUSTRY CERTIFICATIONS EXAMS, LICENSURE TESTS, AND OCCUPATIONAL COMPETENCY ASSESSMENTS REIMBURSEMENT REQUEST FORM

School Division Number:       School Division Name:

Please check appropriate reimbursement period:

June 2019 ***(May 18, 2019 to June 30, 2019)***

School Year 2019-2020 (***July 1, 2019 to May 22, 2020)***

CERTIFICATION: I certify to the best of my knowledge and belief that the reimbursement is true, complete, and accurate, and the expenditures and disbursements are for the purposes and objectives set forth in the terms and conditions of the State award. I further certify that documentation has been retained in the office of the educational agency/organization and is available upon request to support the claim. It is understood that this claim is subject to state audits. By submitting and approving this request, the educational agency/organization submitter and approver(s) acknowledge the certification and agree to its provisions.

| **Examinations** | **Number of Exams** | **Amount Claimed** |
| --- | --- | --- |
| Industry Certification Examinations |  | $ |
| Licensure Tests |  | $ |
| Occupational Competency Assessments |  | $ |
| Certification Site Licenses | SY 2019-2020 | $ |
| **Total Amount Claimed for all Industry Certification Exams, Licensure Tests and Occupational Competency Assessments:** |  | **$** |

Preparer’s Name:       Telephone Number:

CTE Administrator Signature:            Date:

Superintendent’s or Authorized Designee’s Signature:

Date:

Amount of Payment:

Approved for Payment:

George R. Willcox, Director, Operation and Accountability

Office of Career, Technical, and Adult Education

Date:

Payee Code:

Project Code: APE60336

Program Code: 178-005

If you have any questions, please contact the CTE Grants Manager at (804) 225-2052 or [CTE@doe.virginia.gov](mailto:CTE@doe.virginia.gov).

**Mail the completed and signed form by May 22 2020, to:** Virginia Department of Education, Office of Career, Technical, and Adult Education, Attn: CTE Grants Manager, P.O. Box 2120, Richmond, VA 23218-2120 **or**

**Scan and email a color PDF signed form to:** [**CTE@doe.virginia.gov**](mailto:CTE@doe.virginia.gov) **or** **Fax to:** (804) 530-4560.

Page of      

**(Original required)**

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School Division Number:            School Division Name:

Please check appropriate Reimbursement Period: **June 2019**  **SY 2019-2020**

***(May 18, 2019 to June 30, 2019) (July 1, 2019 to May 22, 2020)***

| **Specific Name of Credential**  **(As listed on the Board of Education approved list of industry credentials)** | **Number of Students Taking This Credential** | **Total Expense Related**  **to This Credential** |
| --- | --- | --- |
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