**Attachment C, Supts Memo No. 176-18 July 13, 2018**

**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:       Name:

Please check appropriate reimbursement period:

 June 2018 ***(June 1, 2018 to June 30, 2018)*** [ ]

 School Year 2018-2019 (***July 1, 2018 to May 17, 2019)*** [ ]

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 2018-2019 | $ |
| **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, Acting Director

 Office of Career, Technical, and Adult Education

Date:

Payee Code:

Project Code: APE60336

Program Code: 178-05

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

**Mail the completed and signed form by May 17, 2019, 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** **or** **Fax to:** (804) 530-4560.

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 **July 13, 2018**

**(Original required)**

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

School Division Number:            Name:

Please check appropriate Reimbursement Period: **June 2018** [ ]  **SY 2018-2019** [ ]

 ***(June 1, 2018 to June 30, 2018) (July 1, 2018 to May 17, 2019)***

| **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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