

LICENSE REIMBURSEMENT REQUEST FORM

For Use By

Speech-Language Pathologists, Occupational Therapists, and Physical Therapists

The Board will reimburse all unit members (tenured and non-tenured) for licenses required by WCPS or MSDE.

All requested information must be provided. Incomplete packets will be returned. The following information must be attached for payment:

- _____ Proof of payment (receipt from institution, canceled check, bank statement, credit card statement)
- _____ Copy of License

Name _____ Date _____

School _____

WCPS ID Number _____ Social Security Number xxx-xx-_____

For summer payment - home address

License Type (check one):

_____ MD DHMH _____ ASHA _____ Other (explain): _____

**SUBMIT COMPLETED FORM AND ATTACHMENTS TO HUMAN RESOURCES:
LINDSEY DARR, COORDINATOR OF HUMAN CAPITAL: TEACHERS AND CERTIFICATION**

(For office use only)

TO: Accounts Payable

Payment authorized \$ _____ Account No. 01-12-91-00-0-7170-000-00

For Year: _____ - _____ License Type: _____

Approval Signatures: _____ Date _____

_____ Date _____