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| **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 No: |  | Name:  |  |  |
|  Please check appropriate Reimbursement Period: | June 2017 [ ]  School Year 2017-2018 [ ]  |
|   | ***(June 1, 2017 to June 30, 2017) (July 1, 2017 to May 31, 2018)***  |
|  | **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 Federal/State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). 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 federal and/or state audits. By submitting and approving this request, the educational agency/organization submitter and approver(s) acknowledge the certification and agree to its provisions.**

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| **Examinations** | **Number of Exams** | **Amount Claimed** |
| Industry Certification Examinations  |  | $ |
| Licensure Tests |  | $ |
| Occupational Competency Assessments |  | $ |
| Certification Site Licenses | SY 2017-2018 | $ |
| **Total Amount Claimed for all Industry Certification Exams, Licensure Tests and Occupational Competency Assessments:** |  | **$** |

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|  Preparer’s Name/Telephone No: |  |  |  |
|  |
|  |  |  |  |  |
| *Date* |  | *Career and Technical Education Administrator’s Signature*  |
|  |  |  |
|  |  |  |  |  |
| *Date* |  | *Superintendent’s or Authorized Designee’s Signature* |
| **(All signatures must be in BLUE INK.)**  |
|  *--------------------------------------------------For Department of Education Use Only------------------------------------------------* |
|  |
|  Amount of Payment | $ |  | Approved for Payment |  |  |
|  LOLITA B. HALL Director, Career, Technical, and Adult Education  |
|  Payee Code: |  | Project Code: | APE60336 | Program Code: | 178-05 | Date: |  |  |
| 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 June 1, 2018, 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. |

**Attachment C, Supts Memo No. 202-17 July 14, 2017**

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 **(Original required)**

**VIRGINIA DEPARTMENT OF EDUCATION**

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

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

**REIMBURSEMENT REQUEST FORM**

**July 1, 2017 – June 30, 2018**

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| School Division No/Name: |  | Date: |  |

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

**VIRGINIA DEPARTMENT OF EDUCATION**

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

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

**REIMBURSEMENT REQUEST FORM**

**July 1, 2017 – June 30, 2018**

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| --- | --- | --- | --- |
| School Division No./Name: |  | Date: |  |

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