

# Certification Drive Reimbursement Form

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SBE Member #: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_ \*

Applicant Signature: \_\_\_\_\_

\* Reimbursement will be for one-half the exam application fee for any new certification for the applicant. Upon approval by the Chapter Chair, a check will be sent to the applicant at the above address.

Please give this completed form and a copy of the letter from the National Office indicating a passing result to the Chapter Chair.

Alternatively, scan completed documents and email them to the Chapter Chair. Please see the "OFFICERS" page on the [sbe24.org](http://sbe24.org) web site for an email link to the current Chapter Chair.

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_