



REIMBURSEMENT REQUEST FOR FLORIDA TEACHER CERTIFICATION EXAMINATIONS (FTCE) AND STUDY GUIDES

Duval County Public Schools

Duval County Schools is committed to assisting all of our core subject area teachers to meet the criteria of Highly Qualified. Financial awards will be based on the employee's compliance with the conditions stated below:

- Must be teacher of record assigned to a core subject area (elementary education, English, mathematics, reading, language arts, science, foreign languages, civics, government, economics, arts-visual/performing excluding dance, history, geography).
- Exam was taken to meet highly qualified requirements not for initial employment with the district nor to meet initial certification requirements.
- Exam was taken during actual employment with the district.
- Reimbursements include appropriate SAE cost only and/or appropriate SAE cost and the corresponding study guide cost.
- SAE cost will be reimbursed at the regular rate for one (1) sitting and must be in the core academic area for which you are currently teaching as per NCLB Legislation.
- Study Guide cost will only be reimbursed for the purchase of (1) guide. The Study Guide reimbursement must in conjunction with a correlating SAE reimbursement.
- Reimbursements will be made upon receipt of the **official score** report with a passing score and the original payment receipt.
- Reimbursements will only be processed for the dates from July 1, 2011 through June 30, 2012.

Please type or print the following requested information and submit this Request Form along with official test scores. Forward to the Highly Qualified Office-Main Bldg. 5th Floor. Rm. 509

Employment Information

Name _____ Social/Employee # _____
 Current School & # _____ Assignment _____
 Title I School Yes No Home Address _____

Testing Information - FTCE to be Reimbursed (attach official score report)
 Exam Subject _____ Exam Date _____

Study Guide Information – Study Guide to be Reimbursed (attach receipt and copy of cover)
 Study Guide Name/Subject _____ Date Purchased _____

Please Read and Sign – My signature indicates that I have not received payment or reimbursement by any other program or source for any or all of the above examinations taken or study materials purchased and agree to the conditions stated above for financial assistance for educational advancement.

Teacher's Signature _____ Date _____

FOR OFFICE USE ONLY

Teaching Assignment Verified _____
 Certificate Coverage and Expiration Date Verified _____
 Appropriate of Testing/Guide Verified _____
 Total Estimated Amount of Reimbursement _____