

**REQUEST FOR FUNDS  
PROCESS COST REIMBURSEMENT FOR INITIAL FEE FOR  
ACQUIRING NATIONAL CERTIFICATION  
For SCHOOL YEAR \_\_\_\_\_**

\_\_\_\_\_   
Dist No.

\_\_\_\_\_   
Name of School District (or other employer)

I am requesting the reimbursement for the cost of completing the process of acquiring certification for the attached list of teachers, counselors, speech pathologists or audiologists and/or school nurses. I am certifying, by my signature below, that the attached list of individuals are:

T employed in accordance with the percent of district time so stated, as a teacher, counselor, speech pathologist or audiologist, and/or school nurse as the case may be, and not as an administrator.

T assigned the majority of the day (the equivalent of a minimum of three (3) normal periods) to the course/work areas indicated by the Mississippi Board of Education Policy, OR, when not assigned to those course/work areas, the individual is assigned to other course/work areas the majority of the day and is working directly with children **(must be evidenced by an attached letter from the employer.)**

Certified by:

\_\_\_\_\_  
Signature of Superintendent (or appropriate official when not a school district.)

\_\_\_\_\_  
Title

Printed Name: \_\_\_\_\_

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

**Documentation Requirements:**

For \$6,000 salary supplement (or portion thereof) – the following documents, for each individual listed on the attached form, MUST accompany the request.

**NATIONAL CERTIFIED SCHOOL NURSE (NCSN)**

- < Copy of the certification ISSUED BY the National Board for Certification of School Nurses.
- < Copy of a Verification issued by NCSN which indicates that the school nurse holds the NCSN credential.

For reimbursement of the cost of completing the process for acquiring certification.

**MASTER TEACHER CERTIFICATE (MTC)** – Employee shall be reimbursed the actual cost of completing each component of acquiring certificate or endorsement, not to exceed Five Hundred Dollars (\$500.00) for each component, not to exceed four (4) components.

- < Copy of the Candidate Notification Letter Contained in the Candidate Score Report issued by the National Board for Professional Teaching Standards.
- < Copy of receipt or canceled check.

**NATIONAL CERTIFIED SCHOOL COUNSELOR (NCSC)** – \$500 maximum, one time reimbursement.

- < Copy of receipt or canceled check.
- < NOTE: Reimbursement for post-graduate work is not permitted.

**SPEECH LANGUAGE PATHOLOGIST OR AUDIOLOGIST (CCC)** – \$500 maximum, one time reimbursement

- < Copy of receipt or canceled check.
- < NOTE: Reimbursement for post-graduate work is not permitted.

**NATIONAL CERTIFIED SCHOOL NURSE (NCSN)** – Actual cost of certification process, one time reimbursement.

- < Copy of receipt or canceled check.
- < NOTE: Reimbursement for post-graduate work is not permitted.

**CERTIFIED ACADEMIC LANGUAGE THERAPIST (CALT)** - \$500 maximum, one time reimbursement.

## REQUEST FOR FUNDS PROCESS COST REIMBURSEMENT For SCHOOL YEAR \_\_\_\_\_

\_\_\_\_\_ Dist No.

\_\_\_\_\_ Name of School District (or other employer)

INSTRUCTIONS: Please type or print – Fill in all applicable blanks – Mark “N/A” in non-applicable columns.

CERTIFICATION CODES: MTC - Master Teacher Certificate  
 (Use to indicate Type of Certificate) CCC - Speech Language Certificate of Clinical Competence  
 NCSC - National Certified School Counselor  
 NCSN – National Certified School Nurse  
 CALT - Certified Academic Language Therapist

Teacher Name	Social Security No.	% Dist. Time	Supplement Amt. Requested (\$6,000 or portion thereof) <b>USE FOR SCHOOL NURSE ONLY</b>	Process Reimbursement Amt (See Note below)	Type Cert.	/ If teacher received supplement last year	NATIONAL Certificate Number	Certificate Expiration Date

**NOTE:** **MASTER TEACHER CERTIFICATE (MTC)** – Reimbursement for the actual cost of completing each component; not to exceed Five Hundred Dollars (\$500.00) for each component, not to exceed four (4) components.  
**NATIONAL CERTIFIED SCHOOL COUNSELOR (NCSC)** – actual cost - \$500 maximum, one time reimbursement.  
**SPEECH LANGUAGE PATHOLOGIST OR AUDIOLOGIST (CCC)** – actual cost - \$500 maximum, one time reimbursement.  
**NATIONAL CERTIFIED SCHOOL NURSE** – actual cost of NCSN certification process, one time reimbursement  
**CERTIFIED ACADEMIC LANGUAGE THERAPIST (CALT)** – actual cost - \$500 maximum, one time reimbursement.