



CERTIFICATION AND LICENSE RENEWAL FEE REIMBURSEMENT PILOT PROGRAM
APPLICATION FORM

Name: _____ Employee ID Number: _____
Home Address: _____
City: _____ State: _____ ZIP code: _____
Primary Email Address: _____
Home/Cell Phone Number: _____ Work Phone Number: _____
Agency Name: _____
Job Title: _____ Date you began State Service: _____

Name of provider issuing certification or license renewal: _____
Certification or License Name: _____
Date of Renewal Payment: (mm/dd/yy) _____
Cost of Certification or License Renewal: _____
Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request): _____

By signing and dating this application, I hereby certify that all information contained on this application and attached supporting documentation is true and accurate. I have read and understand the guidelines for this program and agree to comply with all the program policies and procedures. I understand failure to complete a course successfully or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

Signature: _____ Date: _____

WODU 75
02/2025