CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Praxis/SLLA Reimbursement Form and Guidelines

Please complete and submit to the CMSD Office of Federal Programs. Request for Praxis/SLLA reimbursement will not be honored if this form has not been submitted.

☐ Praxis ☐ SLLA					
Name:		**School:**			
Email:		**Current Position:**			
Praxis/SLLA Test Name/ Test Code:		**Test Date:**		**Cost:**	

Eligibility

- Participants must receive a passing score on the Praxis/SLLA exam to be eligible for the reimbursement of the exam fees.
- Participants are eligible for only **one** Praxis/SLLA reimbursement for the exact same exam.
- Praxis/SLLA reimbursement only includes the cost of the assessment.
- Praxis and SLLA Test reimbursements are available to lateral entry teachers, provisional teachers, teachers holding a temporary license, and administrative area.
- Praxis/SLLA must be for pursuit of licensure or adding on a teaching area to a clear teaching license.
- Certified staff who accepts reimbursement must sign a memorandum of agreement.

Procedures for Praxis/SLLA Reimbursement

- Complete and submit the Praxis/SLLA Reimbursement Form to CMSD Office of Federal Programs upon receiving your **passing score(s)** on the exam.
- Include the Praxis/SLLA score report and documentation that reflects a payment to ETS.
- The Federal Programs Department will return the approved form to the teacher/participant.

(NOTE: Praxis/SLLA Reimbursement only includes the cost of the assessment.)

Please read the statement below before signing.

I understand that if I am approved and receive praxis/SLLA reimbursement, I must commit to working in the district for three (3) consecutive years upon completion of my teacher/administrative licensure area assessment. I shall forfeit the value of the reimbursement if I resign, retire, or am dismissed from the district within three (3) years of the date that I received the reimbursement. I understand I will be responsible for reimbursing Clarksdale Municipal School District. I understand that all financial incentives are contingent upon the availability of funds.

Applicant's Signature: _____ Date: _____

FOR FEDERAL PROGRAMS USE ONLY

☐ APPROVED ☐ NOT APPROVED: _____

Federal Programs Director: _____ Date: _____

Fund _____ Function _____ Unit _____ Object _____