DARLINGTON COUNTY SCHOOL DISTRICT
PROFESSIONAL EXAM / PRAXIS REIMBURSEMENT REQUEST FORM

Name of Employee:			
School / Location:		**Current Position:**	
SS#:		**Certificate/License #:**	
DCSD Vendor Number / Employee ID:			
I am requesting this Praxis reimbursement to become highly qualified in the area of:			

Note: Praxis Reimbursements are contingent upon the availability of funds and approval.

PRAXIS INFORMATION (attach copy of Praxis scores):

Test Date:		**(Test Area(s):**	
Amount of Reimbursement Requested:			

Please attach the following documentation:

1. Copy of required passing Praxis exam score(s)
2. Copy of SDE worksheet/letter showing Praxis exam required for certification
3. Original receipt with zero balance/canceled check

Teacher's Signature:	
Date:	

Return this completed form to Lisa Bruce, Human Resources Coordinator

(For District Office Only)

Approved by: _____
(Director of Student Services & Federal Programs/Date)

Approved by: _____
(Chief Academic Officer / CI&A/Date)

Approved by: _____
(Chief Human Resources Officer/Date)

Amount Due: _____ **District Vendor #** _____

Acct #: _____

Revised February 2026