## Request for Reimbursement for PRAXIS Exam

The State of Hawaii Department of Education is committed to assisting teachers in meeting the requirements of the ESSA Highly Qualified Teacher. Reimbursement for Praxis exams will be based on employee's compliance with the conditions stated below:

asca on employee s compliance with the o	Jilailio	ilo stated below.	
☐ Must be identified as Not Hawaii Qualified for the subject area of the Praxis exam.			
$\hfill\Box$ Teacher must receive a passing score of the exam fees.	on the	Praxis exam to be elibig	le for the reimbursement
☐ Teacher must submit all original receip Examinee Score Reports.	ts for p	payment of tests, and ori	ginals of Praxis
Please Type or Print			
Employment Information			
Full Legal Name of Applicant:	Emp	Employee ID:	
	Phor	ne Number: ( ) -	
Co		Current School:	
		Core Subject Area for which seeking HQ:	
		Current School Administrator:	
Applicant – 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 below examinations taken, and agree to the conditions stated above for financial assistance for educational advancement.  Applicant's Signature:			
Test Information			
PRAXIS Exam to be Reimbursed (attach copies of Examinee Score Report and PASSED/NOT PASSED)			
Subject Exam Name	Code	Score	Exam Date
These exams are part of the teacher's Professional Development Plan/or approved in writing by principal.  School HQ Coordinator Signature:			
For Comp	lex Are	a Office Use Only	
Employment Assignment Verified			
Appropriateness of Testing Verified			
Approved by			
Total Amount of Testing Reimbursement Receipt Number	\$		