

IEHA NATIONAL TESTING REIMBURSEMENT FORM/REQUIREMENTS



Applicant Name:

Employer:

Mailing Address:

City/State/Zip:

Daytime Phone:

Email:

Date of Testing:

Location:

Check Test Completed and Passed:

REHS/RS		CCFS		HHS	
CP-FS		CIOWTS		CEHT	

In order to provide reimbursement the following must be met:

1. Testing sites and proxies must be pre-approved by IEHA.
2. Payment will be made on a reimbursement basis only and payable to the individual or company who issued original payment.
3. Provide verification of payment for testing.
4. Applicant must be a current member in good standing for two contingent years prior to testing.
5. Reimbursement will be for fees associated with testing only (exam fee) and not for membership dues of any kind, nor for study materials.

Please submit the following no later than 30 days after notification of testing passed to:

Janet Ott, Treasurer
 PO Box 623
 Elkader, IA 52043

- ___ Completed reimbursement form (typed or printed clearly)
- ___ Copy of your completed application for professional credential form
- ___ Verification of payment: cancelled check, money order, or credit card statement.
- ___ Copy of notification of test completed and passed.

**** Reimbursements will not be made for testing certification attempts or application fees. Payment is only made after certification tests are passed.****

Revised: 2015