

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		CFOI	
CP-FS		CFSSA			

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 passing success to:

Matt Evan, Treasurer
 maeven@co.buchanan.ia.us
 210 5th Ave NE Suite I,
 Independence, IA 50644

- ____ 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: 2019