

# **MIAMI EAST LOCAL SCHOOL DISTRICT**

## **APPLICATION FOR RESA LICENSURE REIMBURSEMENT**

I am requesting reimbursement for my licensure cost reimbursement. I understand that I must complete this form and receive approval of the superintendent prior to reimbursement. For details, see Article VI in the Master Agreement, listed below:

2. Certified staff members completing the Resident Educator Summative Assessment (RESA) Program, will not submit paperwork to the LPDC nor are they subject to the January 30 deadline. Upon receiving their first professional license, the teacher will provide a copy of their license to qualify them for reimbursement of licensure costs. Payment shall be made to those continuing in the employ of the Board during the month of November the following school year.

**COST OF LICENSURE:** \_\_\_\_\_

\_\_\_\_\_  
**STAFF MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERINTENDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

cc: Personnel File  
Treasurer

Effective 8/2009