**CERTIFICATION/LICENSURE EXAM REIMBURSEMENT FORM**



630 University Shopping Center \* Richmond, KY \* 40475

Ph: (859) 624-1988/Fax: (859) 624-1933

[certifications@medicalcareerandtechnicalcollege.edu](mailto:certifications@medicalcareerandtechnicalcollege.edu)

Pass the certification exam on first attempt (taken within 1 month of graduation) – receive reimbursement for exam fee if tuition paid in full! (7/1/24 Enrollees)

Enrollment includes a one-time certification exam attempt if student has paid for all of tuition and fees in full at time of graduation. Student must have registered for the exam no more than one month following graduation or the payment of the exam is waived. *(Enrollees 7/1/23)*

Please Print Legibly

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORMER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City ZIP

SSN: XXX-XX-\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

EXAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_\_\_\_\_\_\_

FEE PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Attach Receipt)**

All Certification/Licensure Exam Reimbursement Checks must be picked up in the Student Accounts Representative Office. Please email [npenman@medicalcareerandtechnicalcollege.edu](mailto:npenman@medicalcareerandtechnicalcollege.edu) with any questions.

*Submit to* [certifications@medicalcareerandtechnicalcollege.edu](mailto:certifications@medicalcareerandtechnicalcollege.edu)*.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Use:

Request Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_