

Maryland State Department of Education
Division of Rehabilitation Services
Application for Certification Reimbursement

Agency Code: 36.01.01 Office/Unit: _____

Employee Name: _____ Employee W #: _____

Phone Number: _____ Email: _____

Position Classification: _____ Date of Hire: _____

Attach approved Career Development Plan requesting certification & copy of Application for Certification.

Certification Applied for: ☐ CRC ☐ CVRT ☐ PVE ☐ CVE (renewal only)
☐ Other: _____

☐ Initial: Certification Exam Date: _____ Total Fees for Initial Exam/Certification: \$ _____

☐ Renewal: Expiration Date: _____ Total Fees for Renewal: \$ _____

I certify that the information given in this application is correct and request approval.

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

FOR INTERNAL TRAINING & PROFESSIONAL DEVELOPMENT USE ONLY

Career Development Plan; Copy of Certification Application Attached: ☐ Yes ☐ No

Amount of Fees Eligible for Reimbursement: \$ _____

Training & Professional Development Signature: _____ Date: _____

FOR REVIEW AND APPROVAL OF DORS DIRECTOR

The appointing authority of this agency approves this application and certifies that funds are available.

DORS Director/Designee: _____ Date: _____

Copies: Appointing Authority; Applicant

Attachments: Career Development Plan; Application for Certification