

**FEDERAL PROGRAMS  
PRAXIS Reimbursement  
Application Form**

Complete the information below to receive approval for PRAXIS reimbursement. **Please note that we can only reimburse teachers for Praxis expenses incurred to become licensed in their current teaching position. Praxis fees will be reimbursed only for passing scores.** Please mail or send via Courier to the appropriate program:

**Title I**

Christi Cefalu  
Covington Educational Center  
71460 Edna Street  
Covington, LA 70433

**Special Education**

Jason Dupuy  
Covington Educational Center  
71460 Edna Street  
Covington, LA 70433

**Part I- Pre-Approval** - Send for Supervisor approval **PRIOR** to taking the Praxis Exam

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ Munis # \_\_\_\_\_

Current Teaching Position \_\_\_\_\_ Grade(s) \_\_\_\_\_

Teacher Certification (Type/#) \_\_\_\_\_ Area(s) of Certification \_\_\_\_\_

Certification Area Needed \_\_\_\_\_

Requested PRAXIS Test # \_\_\_\_\_ PRAXIS Test Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Approved for Reimbursement submitted before \_\_\_\_\_

Signature of Director \_\_\_\_\_

**Part II- Seeking Reimbursement-** After passing scores have been received, please resend the approved form along with the invoice from ETS, score report, and proof of payment.

Candidate ID number \_\_\_\_\_ Date Submitted \_\_\_\_\_

Amount Paid \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**The amount reimbursed will be for registration and test(s) fees; no late fees or practice materials will be reimbursed.** Requests for reimbursement **MUST** be submitted during the fiscal year in which the PRAXIS test(s) was taken.