

Sandy Garrett
State Superintendent of Public Instruction
Oklahoma State Department of Education
Special Education Services

**APPLICATION FOR SPECIAL EDUCATION TUITION REIMBURSEMENT
FOR VISUALLY IMPAIRED/SCHOOL PSYCHOLOGIST/SPEECH PATHOLOGIST MASTERS
DEGREE PROGRAMS**

Individuals with Disabilities Education Act, (IDEA) Part B

Please Check One: _____ **Spring 2006** _____ **Summer 2006** _____ **Fall 2006**

I. ELIGIBILITY CRITERIA (Please read carefully before completion and mailing)

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| 1. Application must be received by the Oklahoma State Department of Education, Special Education Services, 2500 North Lincoln Boulevard, Suite 412, Oklahoma City, Oklahoma 73105-4599.
2. Application must have institution of higher education advisor's signature verifying acceptance for admission in an approved graduate program for School Psychologist certification/Visual Impairment/or Masters Degree Program in Speech Pathology.
3. Applicant must be a resident of the state of Oklahoma. |
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II. PERSONAL INFORMATION (please print information and fill out completely)

Name			
Permanent Address	City	State	Zip Code
Home Telephone	Business Telephone		
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Optional:			
<input type="checkbox"/> Male	American Indian or Alaska Native	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/> Female	Black or African American (not Hispanic)	<input type="checkbox"/>	Hispanic or Latino
			White (not Hispanic)

PRIVACY ACT NOTICE

Certain information required on the application is covered by the Privacy Act of 1974 (5 U.S.C. 552a.) The requested information is necessary for participation in the Special Education Tuition Reimbursement Program. The principal purposes of this information are as follows: to verify your identity, and to determine your eligibility for the program and any benefits from it.
 By your signature you authorize any school you might attend to release your academic record to Special Education Services as may be required to ascertain your eligibility for benefits under the Tuition Reimbursement Program for School Psychologist Certification, Speech Pathology or Visual Impairment.

In which geographical area of Oklahoma do you intend to serve when you obtain certification?

Name preferable school district(s), if known, or geographical area desired.

III. PROFESSIONAL REFERENCES

Are you presently employed as a teacher/related service provider in any school district in Oklahoma?

Yes No

If yes, print name of school district/agency;

In what area/subject are you presently employed?

Reference: (three)

Name and Occupation	Street Address, City, State	Phone Number

IV. CERTIFICATION STATUS

Do you currently hold Oklahoma teacher certification?

Emergency Provisional License Standard

List specific areas of current certification _____

Highest degree held _____

Are you a previous recipient of any tuition reimbursement program? _____

If yes, what semester and year? _____

List specific courses and hours of enrollment in the school psychologist program, speech pathology or visual impairment program, Spring 2006, semester. Elective coursework, practica, related dues, fees, textbooks and/or class materials are not reimbursable under this program.

Attach a copy of your enrollment form and a copy of your receipt of payment for these courses.

Please check one:

I verify that the applicant has been accepted in the school psychology program, and courses listed are required for the school psychology certification now being pursued.

I verify that the applicant has been accepted in the visual impairment program, and courses listed are required for the visual impairment certification now being pursued.

I verify that the applicant has been accepted in the masters degree program in speech language pathology, and courses listed are required for the masters degrees program now being pursued.

DATE:	INSTITUTION OF HIGHER EDUCATION:
ADVISOR'S SIGNATURE:	

V. RECORDS AUTHORIZATION AND ASSURANCE STATEMENTS

*****TO BE READ AND SIGNED BY APPLICANT:**

- I certify that the information provided on this application is correct, that the tuition reimbursement will be used for the intended education purposes, and that I have read and understand the Privacy Act information that appears in Section II of this form.
- I authorize any institution of higher education which I attend to release my academic records to the Oklahoma State Department of Education, Special Education Services, as may be required to determine eligibility and to verify successful completion of the specified coursework (i.e., grades of "c" or better), for the tuition reimbursement program.
- I understand that the tuition reimbursement will require successful completion of the specified coursework and that I am responsible for all other costs (e.g., related fees, textbooks, and/or class materials).
- I authorize the Oklahoma State Department of Education, Special Education Services, to verify information regarding my employment.
- I declare under penalty of law of Oklahoma that this form has been examined by myself, to the best of my knowledge and I believe this information to be true, correct, and complete. I understand that the penalty for submission of fraudulent information on this form may include repayment of any amount received and/or any other penalty required by law. By signing this form, I authorize the Oklahoma State Department of Education, Special Education Services, to notify designated parties of the amount of aid which I may subsequently received.

Signature of Applicant	Date
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Return application and attachments to:
Thomas E. Bell
Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

All applications must be accompanied by the attached Vendor/Payee Form