**Bakersfield Chapter Test Reimbursement Request**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** |  | | | | | | | | | | **Phone #:** | | |  | |
| **Address:** |  | | | | | | | | | |  | | |  | |
| **City:** |  | | | | | | **State:** | |  | | **Zip Code:** | | |  | |
| **Employer:** |  | | | | | |  | |  | |  | | |  | |
| **Supervisor Name:** | | |  | | | | |  | | | | |  | | |
| **Supervisor Email:** | | |  | | | | | | | | **Phone #:** | | |  | |
| **ASSP Membership #:** | | |  | | | | | | | |  | | |  | |
| **Test Passed**: | | **CSP** | | **ASP** | | **OHST** | | | | **CHST** | | **STS** | | | **SMS** |
|  | | **OTHER TEST:** | | |  | | | | | **ORGANIZATION:** | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Test Verification** | | | |  | | |
| **Date Passed:** |  | | | | | |
| Reimbursement requests should be made within six months of the certification date | | | | | |  |
| **Test Reimbursement Amount:** | | **$** |  | | **USD** | |
| Include a copy of the payment receipt. Note: only the test fee is subject to reimbursement | | | | | |  |
| **Certification Verification: Please include a copy of your certification and/or the BCSP letter indicating successful completion of certification** | | | | | | |

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| **Reimbursement \*** | | | |  |
| **I am a member of the Bakersfield Chapter of ASSP. The BCSP Certification exam expense that I am requesting reimbursement for has not been reimbursed by an employer or any other source, and I will not try to obtain reimbursement in the future for this certification from any other source.** | | | | |
| **Event:** | | | | **Date:** |
| **ASSP Monthly Breakfast Meeting** (Hodels – first Wednesday at 7:00 am) | | | |  |
| **ASSP WISE Monthly Meeting** (Nusil – third Thursday at 6:00 pm) | | | |  |
| **Monthly ASSP Certification Study Session** (MidCal Labor – first/third Tuesday at 6:00 pm) | | | |  |
| **Monthly Executive Committee Meeting** (Nusil – Last Thursday at 7:00 am) | | | |  |
|  | | | |  |
| **Signature:** |  | **Date:** |  | |
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**\*Reimbursement is limited to one per member, per year. Reimbursement is subject to Executive Committee approval.**

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| **ASSP Bakersfield Chapter Committee Use Only** | | | | | | |
| **Motioned by:** |  | | | | **Date:** |  |
| **Executive Committee Decision:** | | **Approved**  **Denied** | | | | |
| **Reimbursement Check Distribution** | | | **Date:** |  | | |
|  | | | **Event:** |  | | |
|  | | | **By:** |  | | |
|  | | |  |  | | |