

# Foreign Degree Evaluation Reimbursement Form for Providers

Complete and submit this form with attachments to [pakeyvoucherprogram@pakeys.org](mailto:pakeyvoucherprogram@pakeys.org). Reimbursement stipends\* will cover any transcripts that were processed through an approved evaluation service (list below).

Providers, directors, owners/administration must complete this form on behalf of their program/organization. The following attachments must be included:

1. Receipt from a transcript evaluation service;
2. Career Pathways certificate for each staff person who received an evaluation;
3. Completed W-9 form from your organization.

**\*NOTE:** stipends will cover up to \$150.00 per evaluation per individual.

Name:	Date:
Address:	What evaluation service** did you use:

**\*\*NOTE:** To process reimbursement forms, the evaluator must be a member of the [National Association of Credential Evaluation Services \(NACES\)](https://naces.org/members) (current list available at [naces.org/members](https://naces.org/members)) or the [Association of International Credential Evaluators \(AICE\)](https://aice-eval.org/members) (current list available at [aice-eval.org/members](https://aice-eval.org/members)).

Staff Name	Career Pathway Level	Cost of Evaluation
Total amount of request:		

Initial that you have included required documents for the reimbursement.

- Receipt from transcript evaluation service
- Career Pathway Level certificate for each staff person
- Completed W-9 form for your organization

By signing below, I attest that the above listed staff work at the named location.

Date:

*Allow for up to 60 days to process and mail stipend check. If there are missing documents, you will receive a follow up e-mail describing what is needed to process the stipend.*

