

**PMPA Educational Foundation
Grant Application for NIMS Reimbursement
Individual Certification**

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ FAX: _____

Company Contact Person: _____ Title: _____

Signature: _____ Date: _____

Applicant's Name: _____

Applicant currently employed as: _____

Signature: _____ Date: _____

Credential and Level Earned: _____ Date Earned: _____

One Time Registration Fee Amount: \$40.00 Date Paid: _____

Exam Fee Amount: _____ Date Paid: _____

Total Requested Reimbursement: \$ _____

Reimbursement check should be made out to: _____

The following items must be attached to the request for compensation:

- A. Proof of payment: copy of cancelled check or NIMS statement of payment
- B. Copy of NIMS certificate received
- C. Release forms, completed and signed by applicant and above named Employer

Forward completed application to: PMPA Educational Foundation
6700 West Snowville Road
Brecksville, OH 44141

