



## MGEC Education Reimbursement Form

Please complete this form to apply for one-time reimbursement (up to \$250) for participation education related to your profession. (Check the box that applies)

- PROFESSIONAL LICENSURE - Costs for preparation to take the exam**
- CONTINUING EDUCATION – Job Related Class, Seminar, or Webinar**

### **PROFESSIONAL LICENSURE PREP/REVIEW COURSE REIMBURSEMENT FORM**

For preparing for your professional licensure - a review course, books, practice exams, study materials, other related expenses for those preparing for one of these exams:

- Principles and Practice of Engineering (PE) Exam
- Principles and Practice of Land Surveying (PS) Exam and/or Minnesota Land Surveying (MNLS) Exam

### **CONTINUING EDUCATION – Job Related Class, Seminar, or Webinar**

For education related to your job – a class, seminar, or webinar that applies to your job classification.

### **Eligibility Criteria**

You must be a full MGEC member in good standing before applying for this reimbursement. Submit this completed form to [MGEC@mgec.org](mailto:MGEC@mgec.org) and include a RECEIPT showing you paid for the selected review course.

Include a copy of your receipt showing the course and the amount you paid toward the course. MGEC will only provide funds on a reimbursement basis. Your reimbursement request must be submitted within 90 days of paying for your course/materials.

Reimbursement requests for education other than preparation of a professional license, should first be requested from your employer. If they reject your request, provide documentation of such rejection as part of your MGEC application.

The following personal information will be used to send you a check for your reimbursement and reach out to you with any questions about this request.

Name:	
Mailing Address:	
City:	
State:	
Zip Code:	
Email:	
Phone:	
Agency/office:	
Course Title/Description of Support Materials:	
Course Website:	
Total Course Cost:	
What license are you seeking:	

The section below is for MGEC use only:

Application receipt date:	
Full member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request approved or denied?	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date of determination:	
Date notification sent via email to member:	
Amount approved for reimbursement (If applicable):	\$
Check number (if applicable):	
Date sent (if applicable):	
Amount of reimbursement (if applicable):	\$
Reviewed/Approved By	
Date of Reimbursement	