



# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

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October 29, 2018

## MEMORANDUM

To: Directors, Exceptional Children Programs  
Lead Coordinators, Charter Schools

From: Sherry Thomas, Interim Director  
Exceptional Children Division *ST*

Subject: Application for 2018-19 Fall Tuition Reimbursement

Please provide the attached tuition reimbursement application to lateral entry or provisionally licensed teachers who are seeking to become fully certified in the education of children with disabilities. ***Review this memo carefully to ensure understanding of timelines associated with the application submission and the documentation required (grade report, payment receipt for course). Only fully completed applications signed by the LEA Exceptional Children Director/Charter Coordinator will be considered.***

Limited fall tuition awards are available for special education teachers working toward meeting provisional or lateral entry license requirements. Due to the high demand for reimbursement, the per hour reimbursement amount has been reduced from \$140 per credit hour to \$110, to accommodate as many reimbursements as possible. Under this program, employed bachelor level special education teachers holding a current and verifiable provisional or lateral entry license may apply for tuition reimbursement. The reimbursement is for the cost of **one** approved **Fall** course up to \$110.00 per semester hour with a **final grade of "B" or higher**. The reimbursement is made from the Exceptional Children Division directly to the applicant after approval and upon receipt of all required documentation by the deadline (receipt and grade report). If the tuition is above the \$110.00 per semester hour rate, it will be the responsibility of the recipient to pay the difference. These awards are made on a "first come, first serve" basis until the budgeted federal grant funds are exhausted. Submission of an application does not guarantee approval for reimbursement.

The Exceptional Children Division requests assistance from Directors/Charter Coordinators to avoid double funding participants. Whenever possible, teachers should first seek funding through local sources or university grants. Doing so will permit this grant to help more teachers who do not have any other funding source.

Copies of this application packet may be reproduced as needed and will also be posted on the Exceptional Children homepage <http://ec.ncpublicschools.gov/finance-grants/tuition-reimbursement/>. Applications for **Fall allocation awards must be received by December 3, 2018, and supporting documentation including proof of tuition payment and grade report of B or higher by January 4, 2019.**

For additional information concerning this program, contact Carol Moffitt, (919) 807-3997 or [carol.moffitt@dpi.nc.gov](mailto:carol.moffitt@dpi.nc.gov).

ST/CM

Attachment

### EXCEPTIONAL CHILDREN DIVISION

William J. Hussey, Director | [bill.hussey@dpi.nc.gov](mailto:bill.hussey@dpi.nc.gov)

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3969 | Fax (919) 807-3243

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**North Carolina Department of Public Instruction  
North Carolina State Improvement Project II  
APPLICATION FOR FALL TUITION REIMBURSEMENT**

**Funds Limited to – Teachers with current and verifiable Provisional or Lateral Entry Exceptional Children License**  
(All information must be complete and legible for application to be considered)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Box or Street

City

State

Zip Code

Home Phone

ADMINISTRATIVE UNIT: \_\_\_\_\_

LEA#, City, or County

School

Work Phone

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOTE: THIS IS AN APPLICATION ONLY. IT MUST BE SUBMITTED AND APPROVED FOR  
CONSIDERATION FOR TUITION REIMBURSEMENT.**

\*Applicant must receive a final grade of "B" or higher\* \*Only one course per semester will be reimbursed\*

NAME OF UNIVERSITY \_\_\_\_\_ Beginning Date of Course \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COURSE #	COURSE TITLE	CREDIT HRS	COST

**\*\*Note – due to the high demand for reimbursement from lateral entry and provisionally licensed teachers, the per hour reimbursement has been reduced from \$140 per credit hour to \$110, to accommodate as many reimbursements as possible. Reimbursements will be made to those with approved applications, who submit the required documentation within the deadlines indicated, until the budgeted funds are exhausted.**

- PRESENT EDUCATION: B.A. or B.S. \_\_\_\_\_, M.A. or M.S. \_\_\_\_\_, Other \_\_\_\_\_  
Special Education (Specify Area) \_\_\_\_\_
- Do you plan to remain in your present position? \_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_
- Do you currently hold a current and verifiable **provisional or lateral entry license in special education?** Yes \_\_\_\_ No (IF NO, do not complete this form).
- When do you expect to complete provisional or lateral entry license requirements? (Month) \_\_\_\_\_ (Year) \_\_\_\_\_
- Applicant's Statement: I hereby grant permission to the university attended under this tuition grant to report my grades to the Department of Public Instruction. *I accept responsibility for paying for any charges incurred beyond the university's normal charge for special education course work above \$110.00 per semester hour. I accept responsibility for costs due to late registration, out-of-state tuition and any non-tuition costs, such as books, travel, food, room, application fees, administrative fees, etc. I ensure that I am not receiving reimbursement from another source for this course.*

Applicant (PRINT NAME)

Signature of Applicant

Date

**SEND THIS APPLICATION TO YOUR EXCEPTIONAL CHILDREN PROGRAM DIRECTOR TO COMPLETE  
"EVIDENCE OF EMPLOYMENT."**

**LEA EC Program Director:** Please screen applicant carefully. **RETURN** this form to applicant if the course is not appropriate for their responsibilities, or the form is incorrectly filled out, or the local education agency has provided reimbursement.

- Is this applicant currently under contract with your administrative unit as a teacher of exceptional children? \_\_\_\_ Yes \_\_\_\_ No
- I certify that the applicant holds a current and verifiable provisional or lateral entry license in special education.
- I certify that the above numbers 1-4 are accurate.

EC Program Director/Charter Coord. (PRINT NAME)

EC Program Director/Charter Coord. (SIGNATURE)

Date

Mail completed application to: Tuition Reimbursement  
NCDPI, Exceptional Children Division  
6356 Mail Service Center  
Raleigh, NC 27699-6356

**This original application must be received by Dec. 3, 2018**

**\*Supporting documentation due Jan. 4, 2019**

**\*Grade Report and Receipt for tuition payment**

FOR DPI USE ONLY:

☐ Application Approved

☐ Application Denied & Returned

\_\_\_\_\_ Date

\_\_\_\_\_ Date

- ☐ Not under contract as special education teacher
- ☐ Only one course per semester will be reimbursed
- ☐ Incomplete application, see highlighted section