

Request for Reimbursement for AICP Exam



Contact Information

Name	
Home Street Address	
City ST ZIP Code	
Place of Employment	
Work Street Address	
City ST Zip Code	
Work Phone	
Other Phone	
E-Mail Address	

Reimbursement Policy for AICP Exam Fees

If your employer will not pay the AICP exam registration fee, and you are a member of APA-KY, the Chapter will reimburse you for the cost of the exam fee after you pass the exam. You must live or work in Kentucky at the time you are requesting the reimbursement. Each year, the APA-KY Executive Board will review the requests on a case-by-case basis and consider available financial resources and the number of requests. Please send a completed [AICP exam reimbursement form](#) with proof of your payment to:

Stan Harvey, AICP
APA-KY Treasurer
Urban Collage, Inc.
167 W. Main Street, Suite 1200
Lexington, KY 40507

Application Signatures

If you are employed, your employer must sign the application indicating that they do not reimburse for the exam

Employer/Supervisor Certification

I hereby certify that I am authorized to act for this agency in matters pertaining to the reimbursement of our employees taking the American Institute of Certified Planners (AICP) exam and that our agency does not reimburse our employees for taking the AICP exam.

Name and Title(printed)	
Signature	
Date	

Applicant

Date

Signature

Title

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