



**DEPARTMENT OF BEHAVIORAL HEALTH
 LICENSE EXAMINATION PREPARATION PROGRAM
 REIMBURSEMENT FORM**

PERSONAL INFORMATION

Last Name, First Name		Job Title/Position	Employee ID (DBH Only)
Home Street Address		City	State, Zip
Work Phone ()	Home Phone ()	Applicant's Email	
Program/Clinic		Clinic/Program Location	

ACCOUNTING CODES/REIMBURSEMENT AMOUNT (TO BE COMPLETED BY DBH/WET STAFF)

AMOUNT TO BE REIMBURSED TO PARTICIPANT:	
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FUND	DEPT	ORG	APPR	OBJ	GRC/PROG/JOB#

APPROVALS

In signing below, the supervisor for the participant agrees that the participant is in good standing.

Program Manager (or equivalent for contract agency) Name:	
Program Manager (or equivalent for contract agency) Signature	Date

In signing below, the approvers agree that the participant is approved to be reimbursed for the amount listed above in the ACCOUNTING CODES/REIMBURSEMENT AMOUNT section.

WET Administrative Manager Name:	
WET Administrative Manager Signature	Date

WET Deputy Director Name:	
WET Deputy Director Signature	Date

Return completed form to: **DBH Workforce Education and Training, Mail Code 0019,
 1950 S. Sunwest Lane, Ste. 200, San Bernardino, CA 92415**

Required Attachments:

- Copy of LEPP Application/Agreement
- Copy of Proof of Payment for License Exam Prep materials or package.