

Form for Reimbursement of NAR Designation Courses

Date: _____

Please use the following checklist to determine if you qualify for reimbursement of NAR designation courses from the REALTOR® Association of Acadiana. **Sign this checklist and attach proof of payment and a certificate for passing the course.**

___ I confirm that this course qualifies towards a NAR approved designation.

___ I do not have or have ever had the NAR designation on which I am requesting reimbursement. Reimbursement is only for **NEW** designee candidates.

___ I submitted with this form proof of completing and passing the course.

___ I submitted Proof of payment.

___ I understand the reimbursement is for ½ of the tuition only.

___ Reimbursement request is for a course taken in the current year.

I certify that the above information is true and I have attached the appropriate forms.

Name (please print) _____

Signature _____

Name of Course Completed: _____

Designation: _____ Amount to be Reimbursed: _____

Mailing Address for Check: _____
