



**IIDA OH KY Chapter
NCIDQ Tuition Reimbursement Fund**

Contact Information:

Name (First & Last):
IIDA Membership Number: #
City Center:
Email Address:
Daytime Phone Number: (____)____-_____
Mailing Address:
City, State, Zip:
SSN#: _____-_____-_____

Exam Information:

Date of Exam: ____/____/____
Section(s) taken:
Amount Paid: \$
Certification Number: #

Please make sure you have included with this form copies of the following:

- Exam Results (must show that you have passed)
- Proof of Payment (receipt or copy of statement)

Please fax or email all documents along with a completed copy of this coversheet to:

IIDA OH KY Chapter
Attn: Amber Stanley
Phone: (419) 887-5806
Fax: (419) 887-5805
Email: a.stanley@allermuir.com