

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
PSYCHOLOGICAL REIMBURSEMENT FORM**

Date: _____

Name of Requesting Agency: _____
(Please Print)

Requesting Agency's Address: _____
(Please Print)

Name of Evaluated Candidate: _____
(Please Print)

Last Four Digits of Candidate's Social Security Number _____
(Please Print)

Name of Agency Representative Initiating Request: _____
(Please Print)

Requestor's Phone Number: _____

This document is being submitted for reimbursement for a pre-hire psychological evaluation that was conducted for the candidate named on this form. The evaluation was authorized by the agency as a part of the screening and selection process for this candidate. The examiners bill (invoice) is attached for the purpose of documentation.

Requestor's Signature: _____

Please indicate if the candidate was hired by checking the appropriate block:

Yes	No