

**Application for Teacher Certification Fee Subsidy
Dale Hickam Excellent Teaching Program**

This form **must** be completed to apply for the NBPTS certification fee subsidy. **Send the original and one legible copy** of this application and all requested documents to the Dale Hickam Excellent Teaching Program, 325 West Gaines Street, Room 126, Tallahassee, FL 32399. **DO NOT SEND DIRECTLY TO NBPTS.**

Name of School District/Developmental Research School/Charter School

Excellent Teaching Program Contact Address School Year

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Telephone Number Fax Number E-mail address

Name of NBPTS Certification Applicant (Last, First, Middle Initial)

Applicant's Address City Zip

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Home Telephone Number Social Security Number NBPTS ID Number

School Name School Telephone Number Subject or Grade Level Currently Teaching

School Address City Zip

NBPTS Certificate Area Sought NBPTS Certificate Area Code Number NBPTS Specialty Code

Applied Before (Yes/No) Year(s) Applied \$
Withdrawal Amount(s) Paid

Attach the following applicant documents and one copy of each document:

- Copy of NBPTS Certification Application Form-**paper or on-line** (and non-standard administration form if needed);
- Applicant's **\$230** check or money order **payable to NBPTS**;
- **Signed Letter of Intent/Promissory Note**

I certify by my signature that the above teacher has met the following qualifying requirements:

1. Is **currently** employed **full-time as instructional personnel** within the meaning of Section 1012.01(2)(a)-(c), Florida Statutes, as reflected by contract, the school district's personnel salary schedule, or the school district's approved staffing plan;
2. Engaging exclusively in activities that further student instruction; for example, through advising, teaching and mentoring students and offering information resources to students;
3. Teaching students a majority of the time;
4. Has demonstrated satisfactory performance on the most recent, regular annual performance appraisal conducted pursuant to Section 1012.34, Florida Statutes;
5. Holds a valid Florida educator's certificate that has never been subject to discipline as a result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement;
6. Is adhering to all school district, Department, and NBPTS requirements, procedures, and deadlines.

Signature, District School Superintendent or Director, Developmental Research School Date

Signature, Teacher Date
Form No. DHETP-1

**Letter of Intent/Promissory Note
Dale Hickam Excellent Teaching Program**

*This form must be completed to apply for the NBPTS certification fee subsidy. Attach a copy of the completed NBPTS application form, teacher's \$230 payment payable to NBPTS, and signed Application for Teacher Certification Fee Subsidy. Send the original and one legible copy of each document to Dale Hickam Excellent Teaching Program, 325 West Gaines Street, Room 126, Tallahassee, Florida 32399-0400. Please type or print legibly. **DO NOT SEND DIRECTLY TO NBPTS.***

I, the undersigned, have applied to participate in the National Board for Professional Teaching Standards (NBPTS) process to become certified by the NBPTS. By my signature, I certify that I will participate in the NBPTS process during the school year for which the fee subsidy is paid and begin the certification process as directed by the NBPTS. I request that the State of Florida pay \$2,070 of the \$2,300 fee to the NBPTS. I **understand** and **agree** that if I do not complete the NBPTS process on or before **March 31, 2005**, or if I complete the certification program and **do not teach** in a public school in Florida the year **immediately following** the completion of the program, I will owe and will remit to the State of Florida the **total** amount of the fee subsidy paid on my behalf that is not refunded by the NBPTS. **See reverse side for repayment schedule.**

Applicant's Signature

Date

Promissory Note

*Therefore, in consideration for the State of Florida payment of the application fee subsidy for my participation in the NBPTS process, I promise to pay the State of Florida the amount owed and not refunded by the NBPTS, if I withdraw or do not complete the NBPTS certification process on or before **March 31, 2005**, or I complete the process but I do not teach in a Florida public school the year **immediately following** completion of the NBPTS certification process. I also promise to pay all reasonable attorney's fees for trials and all appeals and other costs and charges that are necessary for the collection of any amount not paid when due.*

Signature

Date

NOTE: The subsidy fee will not be paid to the NBPTS until this promissory note has been signed and received by the Florida Department of Education and the other required application information has been completed.

You Must Complete the Following Application Information
(Please type or print legibly)

Name of NBPTS Certification Applicant (Last, First, Middle Initial)

Applicant's Address

City

Zip

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Home Telephone Number

Social Security Number

NBPTS ID Number

()

School Telephone Number

School Address

School District

Certification Fee Subsidy Instructions

Dale Hickam Excellent Teaching Program

Background: The Dale Hickam Excellent Teaching Program Act provides Florida teachers seeking National Board for Professional Teaching Standards (NBPTS) certification an application subsidy of **\$2,070** that is paid to the NBPTS. The law also requires the applicant to repay the fee subsidy to the State of Florida if all conditions of the law are not met. An NBPTS application fee subsidy is a one-time payment and may not be duplicated for an individual who has completed the process.

Eligibility: Eligibility for the certification fee subsidy depends upon the following:

Applicants must be employed full-time as instructional personnel within the meaning of 1012.01(2)(a)-(c), Florida Statutes, as reflected by contract, the school district's personnel salary schedule, or the school district's approved staffing plan;

Engaging exclusively in activities that further student instruction; for example, through advising, teaching and mentoring students and offering information resources to students;

Teaching students a majority of the time;

Applicants must complete and sign the following forms and submit all items they require: Application for Teacher Certification Fee Subsidy and Letter of Intent/Promissory Note, available at the Florida Department of Education, Florida Excellent Teaching Program, 325 W. Gaines St., Ste. 126, Tallahassee, FL 32399;

Applicants must demonstrate satisfactory performance on the most recent, regular annual performance appraisal conducted pursuant to Section 1012.34, Florida Statutes;

Applicants must hold a valid Florida educator's certificate that has never been subject to discipline as the result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement;

Applicants must adhere to all school district, Department, and NBPTS requirements, procedures, and deadlines.

Repayment: If one or more of the below-referenced circumstances arise you are required by Florida law to make repayment. Only death of an applicant, permanent and total disability of an applicant, reassignment of an applicant's military spouse outside the State of Florida, or extenuating circumstances as established by the State Board of Education may be considered for forgiveness or deferment of payment.

Repayment of Fee Subsidy to the State of Florida 2003-2004

| Conditions (Please read carefully) | Amount Due to State of Florida | Withdrawal <u>AFTER</u> Portfolio Due Date |
|---|---|---|
| Written withdrawal letter must reach Ewing, N.J., On or Before March 31, 2005 , and Before Taking Assessment | \$70 | \$2,070 |
| Failure to complete the NBPTS portfolio/assessment process | \$2,070 | |
| Failure to teach in a Florida public school the year immediately following successful or unsuccessful completion of program | \$2,070 | |

In the event repayment is necessary, make your check or money order payable to the Department of Education and provide WRITTEN notice of withdrawal from the program to each of the following:

Dale Hickam Excellent Teaching Program
Florida Department of Education
325 West Gaines Street, Room 126
Tallahassee, Florida 32399-0400

NBPTS Processing Center
Post Office Box 6887
Ewing, New Jersey 08628-6887

District ETP Contact
Local Address
City, State, Zip

**Salary Bonus Request Form
Dale Hickam Excellent Teaching Program**

This form must be completed for the Dale Hickam Excellent Teaching Program salary bonus. Send this form to the Dale Hickam Excellent Teaching Program, 325 West Gaines Street, Room 126, Tallahassee, Florida 32399-0400. Please type or print legibly.

School District/Developmental Research School

Excellent Teaching Program Contact

School Year

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Telephone Number

Fax Number

E-mail address

Name of NBPTS Certified Teacher (Last, First, Middle Initial)

NBPTS Certification Area

Year Certified

NBCT's Address

City

Zip

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Home Telephone Number

Social Security Number

NBPTS ID Number

School Name

School Address

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School Telephone Number

City/Zip

*I do hereby request funds for payment of a **salary bonus** to the above-identified teacher pursuant to Section 1012.72, Florida Statutes. I certify by my signature that the above teacher has met the following qualifying requirements:*

1. *Holds a valid NBPTS certificate or notice of certificate award;*
2. *Currently employed full-time as instructional personnel within the meaning of Section 1012.01(2)(a)-(c), Florida Statutes, as reflected by contract, the school district's personnel salary schedule, or the school district's approved staffing plan;*
3. *Currently engaged exclusively in activities that further student instruction; for example, through advising, teaching and mentoring students and offering information resources to students;*
4. *Teaching students a majority of the time;*
5. *Has demonstrated satisfactory performance on the most recent, regular annual performance appraisal conducted pursuant to Section 1012.34, Florida Statutes;*
6. *Holds a valid Florida educator's certificate that has never been subject to discipline as a result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement.*

Signature, District School Superintendent or Director, Developmental Research School

Date

Signature, Teacher

Date

Mentoring Services Bonus Request Form
Dale Hickam Excellent Teaching Program

This form must be completed for the Dale Hickam Excellent Teaching Program mentoring and related services bonus. Send this form to the Dale Hickam Excellent Teaching Program, 325 West Gaines Street, Room 126, Tallahassee, Florida 32399-0400. Please type or print legibly.

School District/Developmental Research School

Excellent Teaching Program Contact

School Year

()

()

Telephone Number

Fax Number

E-mail address

Name of NBPTS Certified Teacher (Last, First, Middle Initial)

NBPTS Certification Area

Year Certified

NBCT's Address

City

Zip

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Home Telephone

Social Security Number

NBPTS ID Number

School Name

School Address

()
School Telephone Number

City/Zip

*I do hereby request funds for payment of a bonus for **mentoring and related services** for the above-identified teacher pursuant to Section 1012.72, Florida Statutes. I certify by my signature that the above-identified teacher has met the following qualifying requirements:*

1. *Meets the requirements for the salary bonus;*
2. *Holds a valid NBPTS certificate or notice of certificate award;*
3. *Currently employed full-time as instructional personnel within the meaning of Section 1012.01(2)(a)-(c), Florida Statutes, as reflected by contract, the school district's personnel salary schedule, or the school district's approved staffing plan;*
4. *Currently engaged exclusively in activities that further student instruction; for example, through advising, teaching and mentoring students and offering information resources to students;*
5. *Teaching students a majority of the time;*
6. *Has demonstrated satisfactory performance on the most recent, regular annual performance appraisal conducted pursuant to Section 1012.34, Florida Statutes.;*
7. *Has provided (as previously agreed to in writing) the equivalent of 12 workdays of mentoring and related services to public classroom teachers pursuant to Section 1012.72, Florida Statutes. Related services include instruction in helping teachers work more effectively with the families of their students. I also certify that the 12 equivalent workdays were not completed during student contact hours during the 196 days of required service;*
8. *Holds a valid Florida educator's certificate that has never been subject to discipline as a result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement.*

Signature, District School Superintendent or Director, Developmental Research School

Date

Signature, Teacher

Date

**FLORIDA DEPARTMENT OF EDUCATION
Dale Hickam Excellent Teaching Program
Withdrawal Form**

The Florida Department of Education, through the Dale Hickam Excellent Teaching Program Act, Section 1012.72, Florida Statutes, has provided you with a **\$2,070** fee subsidy to apply for National Board for Professional Teaching Standards (NBPTS) Certification. If, during the course of the National Board process, you find it necessary to withdraw, you are **required** to submit a written withdrawal request to the Florida Department of Education, as well as to the National Board for Professional Teaching Standards. If you withdraw **before** your portfolio due date, the National Board will refund to the Department of Education **\$2,000** of the **\$2,070** paid on your behalf. The remaining **\$70** balance is to be paid by you. If you withdraw **after** your portfolio due date, or if you take the written assessment and later decide to withdraw, the National Board will refund **no** portion of the fee subsidy and you will be required to repay the Department the entire **\$2,070** fee. **Please use this form as written notification to the Department of Education of your withdrawal from the National Board process. Make check payable to the Department of Education and send to 325 West Gaines Street, Room 126, Tallahassee, Florida 32399.**

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|------------------------------|-------------------|----------------|
| Applicant's Last Name | First Name | Initial |
|------------------------------|-------------------|----------------|

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|----------------------------|-------------|--------------|------------|
| Applicant's Address | City | State | Zip |
|----------------------------|-------------|--------------|------------|

| | | |
|---------------------------|-----------------------|---------------------------|
| Applicant's School | School Address | School Telephone # |
|---------------------------|-----------------------|---------------------------|

| | | |
|--------------------------|-------------------|------------------------|
| Social Security # | NBPTS ID # | School District |
|--------------------------|-------------------|------------------------|

| | |
|-------------------|--------------------|
| \$70.00 | \$ |
| Amount Due | Amount Paid |

| | |
|------------------|------------------------|
| Signature | Withdrawal Date |
|------------------|------------------------|

Reason(s) for withdrawal:
