

Fee Subsidy Information
Florida Excellent Teaching Program
National Board for Professional Teaching Standards (NBPTS)
Applicant-2002-2003

This form *must* be completed for each teacher applicant for the NBPTS certification \$2,070 fee subsidy. Attach the completed NBPTS application form, teacher's \$230 payment-payable to NBPTS, and signed Letter of Intent/Promissory Note. **Send the original and one copy of each document to the Florida Excellent Teaching Program, 325 West Gaines Street, Room 126, Tallahassee, Florida 32399. Please type or print legibly. DO NOT SEND DIRECTLY TO NBPTS.**

School District/Developmental Research School

Excellent Teaching Program Contact	Address	School Year
()	()	
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

School Address	City	Zip
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NBPTS Certificate Area Sought	NBPTS Certificate Area Code Number	NBPTS Specialty Code
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Applied Before (Yes/No)	Year(s) Applied
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The following applicant documents and one copy of each document are attached:

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

I do hereby certify by my signature that the above identified teacher has demonstrated satisfactory teaching performance on the most recent regular performance appraisal conducted pursuant to Section 231.29, Florida Statutes.

Signature, District School Superintendent or Director, Developmental Research School	Date
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**Florida Excellent Teaching Program
National Board for Professional Teaching Standards (NBPTS)
Letter of Intent-2002-2003**

This form must be completed and signed by each teacher applicant for the NBPTS Certification \$2,070 subsidy fee. Attach the NBPTS application form, teacher's \$230 payment--payable to NBPTS, and signed Fee Subsidy Information form. Send the original and one copy of each document to Florida 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 on or before **September 1, 2003**, 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 September 1, 2003, 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 Number

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School Telephone Number

School Address

School District

2002

(blue)

Excellent Teaching Program for Florida Teachers

PLEASE READ CAREFULLY

Background: The Florida Excellent Teaching Program legislation 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 provides that the applicant 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: -The fee subsidy applies only to **Florida public school classroom teachers** who are eligible to participate in the NBPTS certification program.

-A satisfactory teaching performance appraisal pursuant to Section 231.29, Florida Statutes, is required.

-All Florida Excellent Teaching Program and NBPTS requirements, procedures, and deadlines **must be met.**

-A Declaration of Intent/Promissory Note must be signed and submitted by the school district/DRS for each applicant.

**Repayment of Fee Subsidy to the State of Florida 2002-2003
(Make check/money order payable to the Department of Education)**

Conditions (Please read carefully)	Amount Due to State of Florida	Withdrawal AFTER Portfolio Due Date
Written withdrawal letter must reach San Antonio On or Before February 15, 2003	\$70	\$2,070
Written withdrawal letter must reach San Antonio On or Before March 15, 2003	\$70	\$2,070
Written withdrawal letter must reach San Antonio On or Before April 15, 2003	\$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	

If one or more of the above conditions exist, you are required by Florida law to make repayment. Only death of the 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.

WRITTEN notices of withdrawal from the program must be sent to the following:

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

**NBPTS Processing Center
1950 Bulverde Road
San Antonio, Texas 78259-3701**

**District ETP Contact
Local Address**

**Salary Bonus Request Form
Florida Excellent Teaching Program**

**National Board for Professional Teaching Standards (NBPTS)
Certified Teacher-2002-2003**

This form must be completed for each NBPTS certified teacher for whom the salary bonus payment is requested. Send this form to Florida 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

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School Telephone Number

School Address

City/Zip

I do hereby request funds for payment of a salary bonus to the above-identified teacher pursuant to Section 236.08106, Florida Statutes. I certify by my signature that the above teacher has met the following qualifying requirements:

- 1. holds a valid certificate issued by the National Board for Professional Teaching Standards;*
- 2. is **currently** employed as a **classroom teacher** in a public school in this district or in a developmental research school; and*
- 3. has demonstrated satisfactory teaching performance on the most recent, regular annual performance appraisal conducted pursuant to Section 231.29, Florida Statutes.*

Signature, District School Superintendent or Director, Developmental Research School

Date

2002

(Pink)

**Mentoring Services Bonus Request Form
Florida Excellent Teaching Program
National Board for Professional Teaching Standards (NBPTS)**

Certified Teacher-2002-2003

This form must be completed for each NBPTS certified teacher for whom the mentoring services bonus is requested. Send this form to Florida 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

Social Security Number

NBPTS ID Number

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School Telephone

School Address

City/Zip

I do hereby request funds for payment of a salary bonus for mentoring and related services for the above-identified teacher pursuant to Section 236.08106, Florida Statutes. I certify by my signature that the above-identified teacher has met the following qualifying requirements:

1. *holds a valid certificate issued by the National Board for Professional Teaching Standards;*
2. *is currently employed as a **classroom teacher** in a public school in this district or in a developmental research school;*
3. *has demonstrated satisfactory teaching performance on the most recent, regular annual performance appraisal conducted pursuant to Section 231.29, Florida Statutes; and*
4. *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 236.08106, Florida Statutes. I also certify that the 12 equivalent workdays were not completed **during student contact hours** during the 196 days of required service.*

Signature, District School Superintendent or Director, Developmental Research School
2002

Date
Yellow