

**New Jersey Department of Education
Division of Educational Programs and Assessment
Office of Academic and Professional Standards**

**New Jersey Candidate Subsidy Program Application
for
National Board for Professional Teaching Standards (NBPTS) Certification**

First Name _____ **Last Name** _____

Current Mailing Address _____

Home Telephone _____ **E-Mail** _____

School Name _____

School Address _____

Work Phone _____ **School District** _____

County _____ **County Code** _____ **School Code** _____

Name of Certificate for which I am applying:

Personal Candidate Identification Number _____

Note: If you should change your address, you are responsible for notifying the Department of Education of your new address.

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Memorandum of Understanding

I am submitting my National Board Certification subsidy application for:

Year (ex: 2006 – 2007) _____

I have applied to National Board at www.nbpts.org using the online application. This includes a non-refundable \$65.00 processing fee.

I understand that the state of New Jersey will provide a subsidy of \$625.00 to the first 175 candidates during each year. Additionally, I understand that the state will reimburse me another \$625 upon receiving National Board Certification within a 36-month period of time.

I understand that federal funds in the amount \$1250.00 will be on behalf of a candidate applying for National Board Certification and the New Jersey subsidy on a first come, first served basis. Federal funds are available from July to December of each calendar year and are subject to federal appropriation guidelines.

I understand that any unused federal funds may be redistributed to states in the spring of each year. If I apply in the winter, I understand I can be placed on a waiting list for the newly distributed funds. These funds will be granted on a first come, first served basis and are subject to federal appropriation guidelines.

I have attached a personal/certified check or money order in the amount of \$625.00 made payable to NBPTS. The payment was paid by:

____ Teacher Candidate

____ School District

____ Third Party (please identify: _____)

I have attached a New Jersey State W-9 form for the above identified entity. A W-9 form can be downloaded from www.state.nj.us/treasury/omb/forms/pdf/w-9.pdf.

Name of Candidate: _____
(print full name)

Signature of Candidate: _____ **Date:** _____

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New Jersey Candidate Subsidy
Terms of Agreement

I have read and understand all of the information provided by National Board on their website pertaining to my candidacy.

With the attached application, I have submitted a personal/certified check or money order in the amount of \$625.00 made payable to National Board for Professional Teaching Standards (NBPTS)

I understand the New Jersey Candidate Subsidy Program Fee Structure as outlined:

Fees

\$ 625.00	Payment to NBPTS (paid by candidate)
\$ 625.00	New Jersey Subsidy payment (paid by the New Jersey Department of Education through state funds)
\$1250.00	Subsidy payment for assessment fees (paid by National Board for Professional Teaching standards through federal funds)
\$2500.00	Total fee for National Board Certification

I understand that the New Jersey Department of Education will complete a transmittal form which will allocate \$1250.00 in federal funds, as funds are available, and \$625.00 in state funds toward the \$2500.00 National Board fee.

I understand that federal and state funds are available to the first 175 New Jersey teacher candidates who apply to the New Jersey Department of Education and be allocated on a first come, first served basis.

I understand that if I receive National Board Certification within 36 months of submitting my application to the National Board, as defined by the National Board for Professional Teaching Standards, the New Jersey Department of Education will reimburse me or my district (whichever party paid the original \$625.00) in the amount of \$625.00 from state funds.

New Jersey Candidate Subsidy Terms of Agreement

I understand that the New Jersey Department of Education will not pay for any additional fees related to the National Board Certification application process. Fees that will not be reimbursed or paid include: returned check fees, change of certificate area, retake applications or fees related to the retake process, change of specialty area, change of retake selection, score verification service, retake deferments, or Certificate renewals after ten years.

I understand that I am responsible for notifying the National Board and the New Jersey Department of Education in writing if I choose to withdraw from the National Board Certification process.

I meet the following eligibility requirements as outlined by National Board:

- Baccalaureate degree from an accredited institution;
- Completed 3 years of successful teaching in one or more schools; and
- Valid New Jersey teaching license for each of the three years of employment.

I understand that the National Board for Professional Teaching Standards will review my application and verify the eligibility prerequisite requirements upon application.

I agree to notify National Board and the New Jersey Department of Education in writing if I change my name, home address, school address, email address, and/or home/work telephone number(s).

I agree to release my information about my candidacy (on the National Board Application, # 38) to third parties including the New Jersey Department of Education as the third party agency that provides subsidy support for teachers seeking National Board Certification.

I agree to abide by the ethical behavior standards outlined in the Guide to National Board Certification.

I have read, understand and agree to the terms in this agreement:

Name of Candidate: _____
(Print full name)

Signature of Candidate: _____

Date: _____

Transmittal Information

Please print out the application and the agreement and send to

Victoria Duff, NBPTS Subsidy Coordinator
New Jersey Department of Education
Office of Academic and Professional Standards
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P. O. Box 500
Trenton, New Jersey 08625-0500

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For additional information:

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