WCSD APPLICATION FOR NATIONAL BOARD CERTIFICATION

COMPONENT SUPPORT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Component: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Board Candidate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Washington County School District believes that the continued enhancement of the leadership and knowledge related skills of certified staff will contribute positively to the operation of the school district, student achievement, and personalized growth.

All National Board candidates must have:

* At least three years’ experience as a pre- K-12 classroom teacher or school counselor in a public or private school.
* A bachelor’s degree from an accredited institution.
* A valid teaching license or a license to practice as a school counselor.
* A Master’s Degree/5th Year Degree to get Rank I Certification.

The National Board candidate agrees to pay the $75.00 annual fee while enrolled in the National Board Certification program.

The Washington County District agrees to pay the initial $475.00 component submission fee for up to four components. Component resubmissions/retakes will be paid by the National Board candidate.

The certified teacher agrees that he/she will remain in the Washington County School District through twenty-four (24) months following the awarding of the National Board Certification. Should he/she choose to leave prior to completion of the agreement, he/she will reimburse the Washington County District the National Board Certification costs incurred to that point.

Application process for the Washington County District payment of a National Board Certification Component:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Component(s) being submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of Components completed previously if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle one of the following to indicate the year in the process: Year One Year Two Year Three**

* Printed evidence of the National Board Certification registration will be submitted to the district National Board Certification contact immediately upon registration by candidate.
* The district will process the PO for the cost of each initial component submission. Vendor: National Board, 1525 Wilson Blvd, Ste. 700, Arlington, VA 22209
* On or before the date you submit the component(s): Submit a reflective essay, not to exceed 500 words, stating how the National Board component(s) being submitted enhances student achievement and grows your individual personal learning will be sent to the district National Board Certification contact by the candidate.

**NATIONAL BOARD CERTIFICATION COMPONENT PAYMENT AND AUTHORIZATION (To be signed by**

 **employee.)**

THIS IS TO CERTIFY THAT I will repay the Washington County Schools the total sum of the National Board Certification component cost if my application contains any material falsification; my employment with the district is voluntarily terminated prior to completion of twenty-four (24) months employment with the Washington County Schools after scheduled completion of the National Board Certification specified above, or during such training, I drop from the National Board Certification process, without prior approval of the superintendent of my district. I UNDERSTAND THAT I am responsible for the annual fee incurred while enrolled in the National Board Certification program as well as any additional component resubmission/retake fees. I FURTHER AUTHORIZE National Board to provide my employing district with a copy of my registration for the current component listed above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE SIGNATURE DATE**

**DISTRICT APPROVAL**

I hereby verify that this certified employee is employed with the Washington County School. The Washington County School District approves the National Board Certification assistance for the component(s) listed above. Expenses other than the cost of the component(s) listed above are not authorized for payment without prior approval of the superintendent.

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 Principal Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Date

The Washington County School District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the employment or provision of services. This form is available in an accessible format upon request.