Renewal
National Board Professional Teaching Standards

Request for Fee Reimbursement

30.1 An employee attaining certification by the National Board for Professional Teaching Standards shall receive a salary bonus in the amount appropriated by the State, provided that the employee meets all other conditions imposed by the State for receipt of these funds. The District shall subsidize one-half the cost of registration for initial or re-certification.

30.2 Upon achievement of national certification, teachers whose registration was subsidized by the District shall be expected to provide twenty-five (25) hours of service within the following three (3) school years such as teaching professional development classes, supporting or mentoring colleagues, or working on other projects approved by the administrator responsible for professional development.

30.3 If a teacher whose registration was subsidized by the District leaves employment with the District prior to one school year after achieving national certification, the teacher shall refund to the District the amount paid by the District, unless the teacher leaves employment due to disability.

Name (please print) ____________________________________________

School _______________________________________________________

Date paid _______________________

Amount paid _________________ Amount to be reimbursed ________________

The Shoreline School District will reimburse NBPTS renewal candidates for up to one-half the $1250 cost of renewal fees for this national certification. (Any annual registration/processing fees or retake fees are not reimbursable.)

Amount: Reimbursement shall not exceed $625 which is one-half of the total $1250 renewal fees charged by OSPI. The District shall reimburse 50% of the portion actually paid by the teacher to OSPI.

Receipts: Original receipt or copy of an online receipt must be attached to the claim for reimbursement. (Confirm that your name is shown on the receipt.)

I hereby certify under penalty of perjury that this is a true and accurate claim for necessary expenses incurred by me:

Claimant’s Signature: ______________________________ Date: _______

Please forward to the HUMAN RESOURCES DEPARTMENT along with receipts.

HR Approval: ______________________________ Date _______

Account Budget Number: 0100-27-7611-910-0000-0000

Business Office Use Only
Authorized for Payment: ______________________________ Date _______

10/2015