



NBPTS CANDIDATE APPLICATION FOR INTERNATIONAL APPLICANTS

Review the *Guide to National Board Certification* online at www.nbpts.org. Complete this application and submit it with the required USD \$65 processing charge to NBPTS for receipt no later than December 31, 2009. Please PRINT clearly. After your application and fee are processed, a candidate ID number will be sent to you so that you can establish a username and password to access your candidate record online via *My Profile* at www.nbpts.org/myprofile.

Before proceeding to the application, please verify that you:

- have read and understand all information presented in the *Guide to National Board Certification*;
- understand the eligibility prerequisites for seeking National Board Certification; and
- understand the process for seeking fee assistance in your state.

Do not submit this application if have not fulfilled these requirements.

PERSONAL INFORMATION

Prefix: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr.			
Name (as it appears on your current, valid photo ID that you must bring to the assessment center): (Last Name, First Name, Middle Initial)			
Previous Last Name or Maiden Name:		Suffix: <input type="radio"/> Sr. <input type="radio"/> Jr. <input type="radio"/> Ph.D. <input type="radio"/> M.D.	
Current Mailing Address:			
Postal/Post Code:		Country Code:	
Preferred Shipping Method for Written Communication and Materials:			
Special Shipping Instructions?			
Telephone Numbers: Work _____ Home _____ Cell _____ Fax _____			
Email Address:			
Social Security Number:		Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Ethnicity:	<input type="radio"/> American Indian or Alaskan	<input type="radio"/> Asian	<input type="radio"/> Black, not of Hispanic Origin
	<input type="radio"/> Hispanic	<input type="radio"/> White, not of Hispanic Origin	<input type="radio"/> Pacific Islander

EDUCATION AND TEACHING EXPERIENCE

Highest Degree Earned: <input type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Master of Fine Arts <input type="radio"/> Master of Business Administration <input type="radio"/> Specialist <input type="radio"/> Doctorate			
UNDERGRADUATE DEGREE			
State Where You Earned Your Undergraduate Degree:	Institution Code:	Major (see Table 3):	Year Degree Conferred:
GRADUATE DEGREE			
Major (see Table 3):	Institution Code:		Year Degree Conferred:
EMPLOYMENT HISTORY			
Are You Currently Teaching?	Current Teaching Level:		Years of Teaching Experience:
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Preschool <input type="radio"/> Elementary <input type="radio"/> Middle <input type="radio"/> High <input type="radio"/> HS/Career or Tech Center		
Teaching Subject Areas (see Table 1): 1. _____ 2. _____ 3. _____			
Area(s) of Licensure (see Table 3): 1. _____ 2. _____ 3. _____			
Union Affiliation:	<input type="radio"/> AFT <input type="radio"/> NEA <input type="radio"/> AFT/NEA <input type="radio"/> APE <input type="radio"/> ATPE <input type="radio"/> MPE <input type="radio"/> MSTA	<input type="radio"/> PSTA <input type="radio"/> PAGE <input type="radio"/> PENFL <input type="radio"/> PENC <input type="radio"/> OTHER _____	<input type="radio"/> NONE
Type of School: <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> None		Type of District: <input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Suburban <input type="radio"/> None	
CERTIFICATE SELECTION			
Certificate Area Sought (see Table 2):		Specialty Area (see Table 4):	



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ADDITIONAL INFORMATION

Have you ever been convicted of a felony or had a teaching license denied, suspended, or revoked due to child abuse, job-related crimes, or violent crimes against persons?	<input type="radio"/> Yes	<input type="radio"/> No
Do you require accommodations under the guidelines of the Americans with Disabilities Act (ADA)?	<input type="radio"/> Yes	<input type="radio"/> No
Do you wish to have your name released to third-party agencies that may provide incentives, support, and rewards for teachers seeking National Board Certification?	<input type="radio"/> Yes	<input type="radio"/> No
Have you applied for National Board Certification before?	<input type="radio"/> Yes	<input type="radio"/> No
Do you expect to submit video in a manual language (e.g., American Sign Language)?	<input type="radio"/> Yes	<input type="radio"/> No

SIGNATURE *(Unsigned applications will not be processed.)*

By my signature, I hereby apply to the National Board for Professional Teaching Standards (NBPTS) for National Board Certification and attest to the following: **I have read and understand all the information related to candidate registration and NBPTS policies and fees, which is located on the NBPTS Web site and in the online *Guide to National Board Certification*. I affirm that I meet the prerequisites for certification.**

I also certify that the information given in this application is true and correct to the best of my knowledge and belief. I understand and agree to the terms of the Denial and Revocation policy: This policy describes areas of misconduct and consequences of unethical practices. All candidates are strongly urged to print and keep a copy of this policy, located on the NBPTS Web site.

I agree that assessment materials, once submitted, are the property of NBPTS and may be used at NBPTS' sole discretion for assessment, professional development and research purposes, and any other purposes NBPTS deems appropriate to further the mission of the organization. I understand and agree that in the event I achieve National Board Certification, NBPTS will publish my name.

I understand the \$500.00 initial payment is non-refundable. If I submit this \$500.00 initial fee with the presumption that a third-party payer will pay my fee in whole or part and the third-party payer fails to do so, the \$500.00 initial fee is not reimbursable to me.

I understand that the \$65 processing charge is required to submit this application and that this charge cannot be refunded under any circumstances.

Signature in full _____ Date _____

FOR OFFICE USE ONLY **LF**

Fee Received: _____ Date: _____ Initials: _____

Candidate ID Number Assigned: _____ Date: _____ Initials: _____

Mail your application and check in U.S. funds for the \$65 application processing charge to:

**NBPTS Processing Center
11827 Tech Com, Suite 200
San Antonio, TX 78233**