



Master Teacher Registration Award Enrollment Form 2016-17

Enrollment for the Registration Award must be submitted to the Nebraska Department of Education (NDE) within one year of initial National Board for Professional Teaching Standards (NBPTS) application along with proof of payment of the NBPTS annual fee and at least one component fee. Up to 40 Registration Awards will be made during the 2016-17 academic year on a first-come, first-serve basis. Additional information may be found at: www.education.ne.gov/EducatorPrep/TopPages/MasterTeach.html

This application may be completed on paper or online and printed. **Save a copy of the completed application** for your records.

APPLICANT INFORMATION

Last Name, First Name MI

Name as it appears on your teaching certificate, if different than above

Home Address City, State Zip

Last 4 digits of your SSN

Your NDE assigned Staff ID for verifying certification

Email

To look-up your assigned NDE Staff ID [click here](#) or enter https://dc2.education.ne.gov/tc_lookup/ into your browser.

REQUIREMENTS AND CONDITIONS

I meet/understand the following:

- I hold a valid Nebraska certificate and have completed three full years as a teacher in a Nebraska public district or nonpublic system.
- I must continue to teach in a Nebraska public district or nonpublic system to qualify for any registration fee reimbursement.
- I have attached proof of payment from NBPTS which documents receipt of the initial NPBTS annual fee and at least one component fee leading to National Board certification.
- I understand that one-half of the total NBPTS registration fees may be reimbursed to me upon submission to NDE of proof of payment of the total fees. The other one-half of the total will be reimbursed to me upon NDE's receipt of documentation that I have successfully obtained the NBPTS certification.
- I understand that up to 40 Registration Awards will be made each academic year and are awarded on a first-come, first-serve basis.
- I understand any additional annual fees, retake fees, or certification renewal fees are not reimbursable by NDE.
- I understand that if I do not complete all four components I will not be eligible for any additional reimbursement and may be required to reimburse NDE for the first payment amount.
- I understand that payments of the Registration Award are contingent upon availability of funds.
- I understand that it is my responsibility to submit proof of NBPTS certification to NDE.

EMPLOYMENT INFORMATION

To be completed by current School Administrator:

School District/System

I verify that the applicant is employed as a teacher by the school district/system provided above.

Signature of Administrator or a Designated Representative*

Date

*If signed by a Designated Representative please print their Name and Title

APPLICANT SIGNATURE

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

United States Citizenship Attestation

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-113, I attest as follows (choose one):

____ I am a citizen of the United States.

____ I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____
and I agree to provide a copy of my USCIS documentation upon request.

Signature of Applicant

Date

It is the policy of the Nebraska Department of Education not to discriminate on the basis of gender, disability, race, color, religion, marital status, age, or national origin or genetic information in its educational programs, administration policies, employment or other agency programs.

This application is a public record.

SUBMIT FORM AND DOCUMENTATION OF NBPTS PAYMENT TO:

By Mail

Marlene Beiermann
NE Dept of Education
PO Box 94987
Lincoln, NE 68509-4987

By Fax

402-742-8372

By Email

NDE.adultprograms@nebraska.gov

NDE USE ONLY

Approved: Yes No

Reviewer: _____

Reason for Denial: _____

Date: _____