

# NATIONAL BOARD

for Professional Teaching Standards

## Participation Request Form

Thank you for your interest in National Board Certification! The first thing you need to do is discuss this opportunity with your Principal. Once you have received their approval, please review and sign below.

This is a fantastic program and we are pleased to support you in this professional development. The certification program is made up of four components, which are all self-paced. For further details and enrollment requirements, please visit: <http://www.nbpts.org/>

Here are a few important items you need to be aware of if you would like to participate:

- You need to have pre-approval before you seek reimbursement.
- You are responsible for the registration fee and payment of each component. Once you have successfully completed the component, you may request reimbursement from the Professional Development Fund (maximum of \$1,000 per year).
- Manassas Park City Schools does not pay for registration fees for retakes.
- Your employment commitment would be for one (1) year after completion of each component.

The National Board Certification Incentive Award provided to those candidates who have accomplished the entire program successfully. The monetary incentive award depends on the year to year funds that MPCCS receives from Commonwealth of Virginia and we cannot guarantee the incentive award. (You may receive up to \$5,000.00 for the first year and up to \$2,500.00 in subsequent years if funding remains consistent with previous years.)

**In accordance with School Board regulation GCBC-R, I understand it is the expectation that I remain employed with MPCCS for 12 months following each course completion or I will be required to repay any reimbursement provided to me unless:**

- My employment is terminated by MPCCS; or
- I must withdraw from the program or resign employment due to a medical disability certified by a physician.

*My signature below indicates I understand I will remain employed by MPCCS for one year following component completion or will repay the reimbursement provided to me. I authorize MPCCS to withhold from my wages or salary the total of reimbursement provided to me if I voluntarily resign in the 12 month period following the completion of the course.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please send the completed form to Melinda Deslauriers, Executive Administrative Assistant to the Superintendent, Central Office.

Internal Use:

Approved       Denied      \_\_\_\_\_ Executive Director of Teaching and Learning

\_\_\_\_\_ Date