

# HC\* EXCELL

THE EDUCATION FOUNDATION

P. O. Box 2156  
Morristown, TN 37816-2156

## NATIONAL BOARD OF PROFESSIONAL TEACHER'S STANDARDS

### CERTIFICATION GRANT APPLICATION

APPLICANT'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

AREA CERTIFICATION SOUGHT \_\_\_\_\_

AREA IN WHICH YOU CURRENTLY TEACH \_\_\_\_\_

#### ETHNIC IDENTIFICATION:

- AMERICAN INDIAN OR ALASKAN  
 WHITE (NOT OF HISPANIC ORIGIN)  
 PACIFIC ISLANDER

- ASIAN  
 HISPANIC  
 BLACK (NOT OF HISPANIC ORIGIN)

#### HIGHEST DEGREE:

- BACHELOR'S  
 MASTER'S  
 MASTER OF FINE ARTS  
 SPECIALIST  
 DOCTORATE

#### UNION AFFILIATION:

- AMERICAN FEDERAL TEACHER'S  
 NATIONAL EDUCATION ASSOCIATION  
 OTHER  
 NONE  
 TENNESSEE EDUCATION ASSOCIATION  
 HAMBLEN COUNTY EDUCATION ASSOCIATION

INSTITUTION CONFERRING DEGREE \_\_\_\_\_ YEAR CONFERRED \_\_\_\_\_

YEARS OF TEACHING EXPERIENCE \_\_\_\_\_ ARE YOU CURRENTLY TEACHING? YES / NO

#### CURRENT TEACHING LEVEL:

- PRESCHOOL  
 ELEMENTARY  
 MIDDLE  
 HIGH SCHOOL  
 HIGH SCHOOL, CAREER OR TECHNICAL CENTER

CURRENT SCHOOL \_\_\_\_\_

SUBJECT AREAS \_\_\_\_\_

TYPE SCHOOL DISTRICT:           \_\_\_ URBAN  
   \_\_\_ RURAL  
   \_\_\_ SUBURBAN

CERTIFICATE SOUGHT \_\_\_\_\_ SPECIALTY \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR HAD A TEACHING LICENSE DENIED, SUSPENDED OR REVOKED DUE TO CHILD ABUSE, ANY JOB RELATED CRIME OR ANY OTHER VIOLENT CRIMES AGAINST ANY PERSONS? \_\_\_\_\_

ARE YOU WILLING TO HAVE YOUR NAME USED BY THE NATIONAL BOARD OF PROFESSIONAL TEACHER'S STANDARDS (NBPTS) OR HC\*EXCELL MARKETING? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR THIS NATIONAL BOARD CERTIFICATION GRANT BEFORE? \_\_\_\_\_

**PLEASE INCLUDE A ONE-PAGE BIOGRAPHY INCLUDING YOUR PROFESSIONAL AND COMMUNITY ACTIVITIES AND ACCOMPLISHMENTS.**

\_\_\_\_\_  
SCHOOL PRINCIPAL

\_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS

BY MY SIGNATURE, I DO HEREBY APPLY TO HC\*EXCELL FOR A SUBSIDY FOR PROFESSIONAL DEVELOPMENT IN THE NATIONAL BOARD OF PROFESSIONAL TEACHERS STANDARDS CERTIFICATION AND ATTEST TO THE FOLLOWING: I 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: IF I MISREPRESENT OR FALSIFY INFORMATION ON THE APPLICATION, IN CREDENTIALS PRESENTED, OR ASSESSMENT DOCUMENTATION OFFERED DURING THE CERTIFICATION PROCESS, SUBSIDY SHALL BE DENIED OR, IF GRANTED, APPLICANT MUST REIMBURSE HC\*EXCELL.

I AGREE THAT MY NAME CAN BE PUBLISHED AND USED FOR MARKETING OF HC\*EXCELL AND NBPTS SUBSIDY PROGRAM.

I UNDERSTAND THAT SUBSIDY FOR NBPTS WILL BE SENT DIRECTLY TO NBPTS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE