ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
APPLICATION PACKET CHECK SHEET

(Keep this sheet for your records. It is NOT to be included in your application packet.)

A **complete** ADE funding application must be mailed **unfolded** in one (1) manila envelope to the Office of Educator Effectiveness (OEE) and postmarked no later than **Tuesday, JUNE 30, 2015. Do not mail application components separately**. Late applications will not be scored.

Each of the four (4) online rater forms must be received no later than midnight on **Tuesday, JUNE 30, 2015**, or the application will not be scored. Email the following web link to each of your raters (see instructions below):

https://www.surveymonkey.com/r/Rater2015

It is recommended that you email the above link **immediately** to each of your four raters to ensure all four online forms arrive well before the June 30, 2015, deadline.

Include the **LAST FIVE (5) DIGITS** of your **Social Security Number** in the top right corner of the header for each application document. **DO NOT USE STAPLES OR PAPER CLIPS**. Submit your **unfolded** application in one manila envelope. **NOTE: A photocopy (not an original) of your current Arkansas Educator License is required.** (A copy of your unofficial license printed from the Arkansas Educator Licensure System, AELS, is acceptable.)

A complete ADE funding application packet includes the following unfolded in ONE (1) manila envelope (arranged in this order):

- ☐ **Candidate Routing Form**
- ☐ **Declaration of Personal Commitment Form**
- ☐ **Principal's Statement Form**
- ☐ **Superintendent's Statement Form**
- ☐ **Reference Data Form**
- ☐ **Reflective Writing Piece: Professional Development and Your Students (2 pages)**
- ☐ **Reflective Writing Piece: Analysis of Student Achievement (3 pages)**
- ☐ **Photo Copy of current Arkansas Educator License or unofficial copy from AELS**

Mail to: **NBPTS Program Advisor**
Office of Educator Effectiveness
Four Capitol Mall, Room 107-A
Little Rock, AR 72201

ADE funding applications that are incomplete or are not postmarked by **Tuesday, JUNE 30, 2015**, will not be considered for ADE funding.

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
CANDIDATE ROUTING FORM

Fill out the top portion of this form. This form and all components of the ADE funding application AND four (4) online rater forms are due to the Office of Educator Effectiveness postmarked no later than **Tuesday, June 30, 2015**.

First Name:		**Middle Name:**		**Last Name:**	
Work Email:					
District:					
School:					

FOR OFFICE OF EDUCATOR EFFECTIVENESS USE ONLY

DATE APPLICATION RECEIVED BY THE OEE: _____

_____ 4 Online Rater Forms (submitted electronically) **Number Missing _____**

_____ Candidate Routing Form

_____ Declaration of Personal Commitment Form

_____ Principal Statement Form

_____ Superintendent Statement Form

_____ Reference Data Sheet

_____ Reflective Writing Piece: Professional Development and Your Students

_____ Reflective Writing Piece: Analysis of Student Achievement

_____ Photo Copy of Current Arkansas Educator License or Unofficial Copy from AELS

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
DECLARATION OF PERSONAL COMMITMENT

Applicant Name: (please print)			
Work Email:			
District:			
School:		**Total Years Taught:**	

Please read the statements below and write your **INITIALS in the spaces provided**.

STATEMENT	INITIALS
I have reviewed information relative to my chosen NBPTS candidacy area and believe that I can successfully provide evidence of student achievement in this area.	_____
I understand my ADE funding application will not be scored if all application components, including the four (4) online rater forms, are not postmarked **by Tuesday, June 30, 2015**.	_____
I understand that I must achieve NBPTS certification within the NBPTS candidacy cycle. If I do not achieve NBPTS certification, I understand that I am required to repay in full all funds remitted by the ADE for my candidacy (including substitute teacher pay) unless the State Board of Education waives repayment as a result of extenuating circumstances such as permanent disability or death.	_____
I understand that if I withdraw from the process prior to the NBPTS due date, I must repay whatever amount NBPTS does not refund to the ADE. I understand that if I do not properly withdraw, or if I wait until AFTER the NBPTS due date, I must repay ALL ADE funds spent on my behalf. Payment in full is required.	_____
I understand that I am responsible for all retake fees if necessary. ADE funding does **not** pay for retakes.	_____
I understand that if I do not teach in an Arkansas public school for three (3) continuous years after receiving NBPTS certification, I am required to repay in full all funds remitted by the ADE for my candidacy (including substitute teacher pay) and any bonuses received from the ADE. Payment in full is required. I understand that ADE funds only support candidates who are eligible, full time public school educators during the entire period of candidacy.	_____
I have been licensed as an Arkansas educator for at least three years with a Provisional, Initial, or Standard educator license and have three or more years of teaching in an Arkansas public school.	_____
I am currently employed full time in an Arkansas public school district.	_____
I have not previously received ADE funding for NBPTS candidacy.	_____
I understand that the State Board of Education can suspend my Arkansas educator license if I default on repayment of ADE funds.	_____
I certify that the statements contained in this Declaration are truthful and that I am committed to successful NBPTS certification.	_____

Signature:		**Date:**	

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
PRINCIPAL STATEMENT

Please read the statements below, and if you agree **WRITE YOUR INITIALS IN THE SPACES PROVIDED.** Complete **and return to the applicant** in order for this form to be included with his/her application for ADE funding for 2015-2016 NBPTS candidacy.

STATEMENT	INITIALS
I understand that achieving National Board Teacher Certification requires the candidate to meet the standards for accomplished teachers within the chosen certificate area.	_____
I understand that any candidate needs the support of the building administration, and I am committed to provide reasonable support for the candidate's success. Such support might include the use of equipment and assistance to video classroom lessons or the use of equipment such as computers or copiers.	_____
Act 1060 of 2001 states the Arkansas Department of Education (ADE) shall pay the full participation fee as well as three (3) days of substitute pay for teachers who receive State funding for NBPTS candidacy. I agree to **consider*** any ADE funded candidate three (3) days of paid release time from the classroom to work on candidate entries. The ADE will reimburse our district for the substitute teacher pay. I understand that our district will submit the reimbursement form (provided by the candidate) after the days have been used and before a date designated on the reimbursement form.	_____
I verify that this educator has completed at least three (3) years of successful teaching in an Arkansas public school with a Provisional (1-year), Initial (3-year), or Standard (5-year) educator license.	_____

Candidate Name:			
Principal/Supervisor Signature:		**Date:**	
District:			
Comments: (optional)			

* School districts have complete autonomy on granting leave time for ADE funded candidates to work on NBPTS candidacy.

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
SUPERINTENDENT STATEMENT

Please read the statements below, and if you agree **WRITE YOUR INITIALS IN THE SPACES PROVIDED.** Complete **and return to the applicant** in order for this form to be included with his/her application for ADE funding for 2015-2016 NBPTS candidacy.

STATEMENT	INITIALS
I understand that achieving National Board Teacher Certification requires the candidate to meet the standards for accomplished teachers within the chosen certificate area.	_____
I understand that any candidate needs the support of the building administration, and I am committed to provide reasonable support for the candidate's success. Such support might include the use of equipment and assistance to video classroom lessons or the use of equipment such as computers or copiers.	_____
Act 1060 of 2001 states the Arkansas Department of Education (ADE) shall pay the full participation fee as well as three (3) days of substitute pay for teachers who receive ADE funding for NBPTS candidacy. I agree to **consider**[†] any ADE funded candidate three (3) days of paid release time from the classroom to work on candidate entries. The ADE will reimburse our district for the substitute teacher pay. I understand that our district will submit the reimbursement form (provided by the candidate) after the days have been used and before a date designated on the reimbursement form.	_____
I verify that this educator has completed at least three (3) years of successful teaching in an Arkansas public school with a Provisional (1-year), Initial (3-year), or Standard (5-year) educator license.	_____

Candidate Name:			
Superintendent Signature:		**Date:**	
District:			
Comments: (optional)			

[†] School districts have complete autonomy on granting leave time for ADE funded candidates to work on NBPTS candidacy.

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
REFERENCE DATA FORM

Each of the following four (4) individuals has been emailed the link to the Educator Rater Form:

https://www.surveymonkey.com/r/Rater2015

The four online rater forms received by the Office of Educator Effectiveness MUST BE FROM THE SAME FOUR RATERS LISTED ON THIS FORM. To ensure the Office of Educator Effectiveness has received all four online rater forms, send an email to vanessa.holt@arkansas.gov inquiring if all four rater forms have been received.

Current Professional Colleague

Name:	
Email:	

Parent or Guardian of a Current Student

Name:	
Email:	

Current Principal or Supervisor

Name:	
Email:	

Another administrator or supervisor (someone familiar with your teaching ability)

Name:	
Email:	

ARKANSAS DEPARTMENT OF EDUCATION
Office of Educator Effectiveness
National Board for Professional Teaching Standards (NBPTS)
2015 ADE FUNDING APPLICATION INSTRUCTIONS

IMPORTANT: Parts 1 and 2 below require anonymity. Do not use any personal information that could identify you, your students, or your school. Create a header for each page and include the **last five (5) digits** of your **Social Security Number** in the top right corner. Number and label your responses to correspond with each question. These two writing pieces will combine for a total of **NO MORE than five (5) pages**. (See the page limitation requirements for both writing pieces.)

1) PROFESSIONAL DEVELOPMENT AND YOUR STUDENTS (2 pages total)

Respond to the following three (3) questions. Responses for all three questions cannot be more than **TWO (2) TOTAL TYPED PAGES** in length and may be single-spaced or double-spaced in a 12-point font. Responses that go beyond the page limitations will not be scored. **DO NOT USE STAPLES OR PAPER CLIPS.** Include the last five (5) digits of your Social Security Number in the top-right corner of each page header. **REVIEW THE TWO SCORING RUBRICS WHEN DEVELOPING RESPONSES.**

1. Within the past five (5) years, list professional development activities in which you participated that significantly influenced your professional knowledge.
2. How have you applied this knowledge to affect classroom instruction?
3. How did this knowledge or classroom practice have a positive impact on student learning? **Cite specific examples.**

2) ANALYSIS OF STUDENT ACHIEVEMENT (3 pages total)

A. Written Commentary may not be more than **TWO (2) TOTAL TYPED PAGES** in length and may be single-spaced or double-spaced in a 12-point font. Responses that go beyond the page limitations will not be scored. **DO NOT USE STAPLES OR PAPER CLIPS.** Include the last five (5) digits of your Social Security Number in the top-right corner of each page header. **REVIEW THE TWO SCORING RUBRICS WHEN DEVELOPING RESPONSES.**

Submit a written commentary of a lesson taught within a typical class period. In the discussion, provide examples of how the NBPTS 5 Core Propositions are applied in the lesson.

1. Establish an instructional context for the lesson:
   - Why is the lesson being taught?
   - How does the lesson fit into the bigger picture?
   - How does the lesson address the Arkansas curriculum frameworks or Common Core Standards?
2. Make specific references to how student learning is assessed in this lesson and indicate the lesson's impact on student achievement.
3. Include reflection on the effectiveness of the lesson.
4. Use the content and writing rubrics in developing this submission (see included rubrics).

B. Contextual Information may not be more than **ONE (1) TOTAL TYPED PAGES** in length and may be single-spaced or double-spaced in a 12-point font. Responses that go beyond the page limitations will not be scored. **DO NOT USE STAPLES OR PAPER CLIPS.** Include the last five (5) digits of your Social Security Number in the top-right corner of each page header. **REVIEW THE TWO SCORING RUBRICS WHEN DEVELOPING RESPONSES.**

Type each of the three (3) questions below and respond in a paragraph below each question. All three questions and responses must be no more than **one page**.

Question 1: What type of school and grade configuration was used in the lesson (single grade, departmentalized, interdisciplinary team, *etc*.)?

Question 2: What are the relevant features of your instructional setting (ages of students, range of abilities, special needs children, personality of group) that influence the strategies you use?

Question 3: What are the goals of the lesson featured in your written commentary?

3) FOUR (4) RATER FORMS

Email the link below to each of the following:

- One (1) current professional colleague
- One (1) parent or guardian of a current student
- Principal or supervisor
- One (1) other administrator **or** supervisor who is familiar with your ability

https://www.surveymonkey.com/r/Rater2015

The Office of Educator Effectiveness must receive all four (4) rater forms by midnight on **Tuesday, June 30, 2015**, or your ADE funding application will not be scored. Email vanessa.holt@arkansas.gov to inquire if all four rater forms have been received.

4) PHOTO COPY OF YOUR CURRENT ARKANSAS EDUCATOR LICENSE OR COPY OF YOUR UNOFFICIAL LICENSE PRINTED FROM THE AELS WEBSITE

To be included in the ADE funding application packet