

NOTICE OF INTENT

**TO RECEIVE ADDITIONAL PAY FOR APPROVED NATIONAL BOARD CERTIFICATION,
CERTIFICATE OF CLINICAL COMPETENCE OR PEDIATRIC NURSING BOARD CERTIFICATION**

CERTIFIED EMPLOYEES ONLY

NAME:

EMPLOYEE #:

SCHOOL:

DATE:

This form is a planning document only! Its purpose is to advise the District of your intention to apply for additional pay for 20 - 20 school year related to National Board Certification, Certificate of Clinical Competence or Pediatric Nursing Board Certification.

*To be eligible for additional pay for National Board Certification, National Board Certified Occupational Therapist, Nationally Certified School Psychologist, Certificate of Clinical Competence or Pediatric Nursing Board Certification, this form must be **received in Talent Management no later than 4:30 p.m. on February 15** for an anticipated salary increase for the following school year.*

Please check each box indicating your understanding of these conditions:

During the 20 - 20 school year, I will submit a copy of my Portfolio Receipt Acknowledgment (evidence that my entire portfolio has been submitted and received) for my **National Board Certification.**

During the 20 - 20 school year, I will provide proof that I have obtained my **National Board Certification, Nationally Certified School Psychologist, Certificate of Clinical Competence, or Pediatric Nursing Board Certification.**

You are encouraged to review the Professional Growth section of the Certified Meet & Confer Document, under Terms of Employment.

Employee Signature: _____

Date: