

# Kansas State Department of Education Teacher Licensure

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900 SW Jackson, Topeka, KS 66612-1182 Phone: 785-296-2288

<http://www.ksde.org>

## National Board Certification Candidate Subsidy Program

### NBCT Renewal Candidates

Kansas teachers who desire to seek renewal of their National Board Certification have the opportunity to apply for a scholarship for assistance in paying application fee. A fee subsidy is provided through funds allocated by the legislature through the Governor's Teaching Excellence Scholarships program.

Attached is an application for Kansas National Board Certification Renewal Candidate Subsidy. Questions may be directed to Myra Stithem – [mstitham@ksde.org](mailto:mstitham@ksde.org).

For More Information on National Board Certification Renewal go to the NBPTS website: [\\_nbpts.org/certification/candidate-center/maintaining-your-certification/](https://nbpts.org/certification/candidate-center/maintaining-your-certification/)

Please pay particular attention to the renewal calendar to make sure you are within your eligibility for renewal.

Fee subsidy applications will be accepted until December 1, 2024 or until funds are depleted. Please note that fee subsidies will be awarded on a first come, first served basis. **The fee subsidy is paid directly to NBPTS.**

Return completed subsidy application by email to:

Myra Stithem – [mstithem@ksde.org](mailto:mstithem@ksde.org)

KANSAS  
**National Board Certification  
 Renewal Subsidy**  
 Application Form – 2024/2025 Assessment Year

**Section A** (Please print clearly)

|                           |         |            |  |
|---------------------------|---------|------------|--|
| Social Security Number    |         |            |  |
| Name                      | (First) | (Middle)   | (Last)   |
| Home Mailing Address      |         | City       | State Zip  |
| Employing School District |         |            | Building   |
| School Mailing Address    |         | City       | State Zip  |
| Home Phone                |         | Work Phone |  |
| Home E-Mail Address _____ |         |            | <b>Please place a (x) in the box<br/>         you prefer to have all<br/>         communication directed to:<br/>         Home or Work</b> |
| Work E-Mail Address _____ |         |            |  |

|  |  |  |   |
|--|--|--|---|
| Superintendent's Name  |  | Principal's Name   |   |
| Current Teaching Assignment<br><br><i>If your assignment or position changes, contact KSDE immediately</i> |  | Total Number of Years Taught   | Grade   |
|  |  |  | Age Level   |
|  |  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Self-Contained<br>Departmentalized<br>Other (explain) |

1. National Board Certificate area: \_\_\_\_\_

2. Year achieved: \_\_\_\_\_

3. Respond to the following question, using no more than ½ page, typed, single-spaced: ***Why is it important to you to maintain your National Board Certification?***

4. I verify that the information on this application is true and accurate.

\_\_\_\_\_

Signature Date