



National Board Candidate Information Form

School Year: _____

Name: _____
Last First Middle

CANDIDATE NUMBER (issued when you apply to National Board) _____

School(s): _____ Job Title: _____

Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Do you wish to be added to our ListServ? : _____

WCS Email: _____

Please answer all THREE sections below:

<u>Current Teaching Level</u>	<u>Gender</u>	<u>Highest Degree Earned</u>
<input type="checkbox"/> Preschool	<input type="checkbox"/> Male	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Elementary	<input type="checkbox"/> Female	<input type="checkbox"/> Master's
<input type="checkbox"/> Middle		<input type="checkbox"/> Ph.D
<input type="checkbox"/> High School		

National Board Certification Area: _____

Years of Teaching Experience: _____ Years of teaching experience in NC: _____

Subject(s) currently teaching: _____

Candidate Status: Candidate-1st year Candidate-2nd year Candidate- 3rd year

Renewal Last certification year: _____

Candidate Funding Status: State-Loan Funded Self-Funded

PLEASE ENSURE THAT YOU:

_____ Applied to NBPTS and paid the \$75 registration fee.

_____ Applied for the state-loan (if desired) and signed the promissory note (Initial Candidates only)

Return this form by courier to Sherri Jernigan, Office of Organizational Development at Central Office. (Keep a copy for you records.) 10/2017