

Form for Advanced Candidates to NBPTS

Full name as displayed on NBPTS receipt _____

Complete mailing address:

Street: _____

City: _____ State _____ Zip _____

NBPTS Candidate identification number: _____

Social Security number: _____

Did you receive a state subsidy from the PSC to NBPTS? _____ If so, amount: _____

NBCT Certification Area Seeking: _____

Current Teaching Assignment Area _____

Home email address: _____

School email address: _____

By my signature, I confirm that I was a Georgia public school teacher at the time of application to NBPTS and that I will remain in a Georgia public school for one academic year following receipt of scores in 2010. I acknowledge that I will be responsible for repaying a prorated portion of the amount should I not fulfill the Georgia public school service requirements.

Signed: _____ Date: _____

Mail certified mail, return receipt requested by February 15, 2011 to:

Ginny Elliott, Program Director
Teacher Recognition
Georgia Professional Standards Commission
Two Peachtree Street, Suite 6000
Atlanta, GA 30303