**SALARY SUPPLEMENT**

**FOR**

**NATIONAL BOARD CERTIFIED TEACHERS**

**Please review the laws listed below for eligible reimbursement for National Board Certified Teachers. If the application is not complete and the applicant information cannot be verified by the Kentucky Department of Education, the application will be returned to you for completion.**

**Listed below are some helpful hints that you may need as you complete the application:**

* **If a teacher has a name change or has moved from another district, they must go to the following** [**National Board Professional Teachers web site**](https://www.nbpts.org/) **and update their profile.**
* **Teachers name and school district must match what is in the NBC Directory**
* **List field of certification & date certification was received as shown on the actual certificate; one should be on file with your personnel department.**
* **Print or type clearly on the application**
* **Because there is no official “Mentor” title or class code, administrators, consultants or other teachers who are not employed and teaching in the certified area will NOT be eligible for the salary supplement**
* **If you have questions about the specific job class code, please get with Central Office, Payroll Officer**
* **KRS 157. 395 A public school teacher, or a secondary teacher employed in a Kentucky Tech school or career and technical education program operated by the Department of Education, who has attained certification from the National Board of Professional Teaching Standards as of July 14, 2000, through June 30, 2020, shall receive an annual national board certification salary supplement of two thousand dollars ($2,000) for the life of the certificate. A teacher who attains certification from the National Board of Professional Teaching Standards on or after July 1, 2020, shall receive an annual National Board Certification salary supplement for the life of the certificate in accordance with the amount appropriated for this purpose by the General Assembly. If an annual supplement amount appropriated by the General Assembly is less than two thousand dollars ($2,000), the local board may provide an additional supplement up to the amount required for the total annual supplement to equal two thousand dollars ($2,000). Districts will be notified after May 15th the pro-rated supplement amount for current FY.**

Teachers must be teaching in Kentucky Public Schools in the subject and age range of their NBPTS certification for 50% percent or more of their time. Teachers who meet those criteria are eligible for up to the $2,000 annual salary supplement depending on their date of certification for the life of the NBPTS certificate.

Teachers who complete the requirements for NBPTS certification prior to July 1 are eligible for Rank 1 pay and the annual salary supplement for the full year, even though, notification is not received until November. The supplement is added to the teacher’s base salary. The district is eligible to receive reimbursement of the annual salary supplement.

***Please note***: **The district makes the payment to the teacher and requests reimbursement from KDE.** To receive the salary supplement reimbursement, the district must submit a reimbursement application. Make sure the assignment of the teacher (Third Grade, Algebra, Elementary Health, etc.) is on the application.

Reimbursement payments will be made at the end of the fiscal year. To receive reimbursements for the current year, applications must be submitted by May 1st. The application form should be submitted to [ann.culbertson@education.ky.gov](mailto:ann.culbertson@education.ky.gov).

If you have questions about the eligibility of your teachers, please contact the Education Professional Standards Board at 502-564-4606. If you need assistance completing or submitting the application, or concerning the salary supplement reimbursement, please contact Steve Lyles at 502-564-3846 x 4438 or by email, [ann.culbertson@education.ky.gov](mailto:ann.culbertson@education.ky.gov).

**KENTUCKY DEPARTMENT OF EDUCATION**

Salary Supplement Application 20 \_\_ - 20 \_\_

National Board for Professional Teaching Standards Certification

The following National Board for Professional Teaching Standards certified teacher (s) is employed as a classroom teacher (in the area they received the NBC certification) for 50% or more of the time.

Please email to [ann.culbertson@education.ky.gov](mailto:ann.culbertson@education.ky.gov). **Applications must be submitted by May 1st to KDE**

**District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Teacher Name  (as listed in the NBC Directory) | Field of National Certification & **Date Certification Received** | Job Class Code  \*as listed in Munis | Subject taught | Grade level taught | Name of School | Reimbursement Amount Requested  (not to exceed $2000) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

TOTAL FUNDS REQUESTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I certify that the above named teachers qualify and have been paid a salary supplement for the National Board Certification and we (district name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request reimbursement under KRS 157.395.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Superintendent’s Signature*** ***Date***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Document Prepared by Date***

***Contact name & Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***