



**National Board of Professional Teaching
Standards (NBPTS)
Fee Reimbursement Request Form
(Only for those who have not already
received state funding)**

A candidate who takes, pays for, and passes one certification component of the NBPTS Assessment for certification as a National Board Teacher in Arkansas, may apply to the Arkansas Department of Education for reimbursement of the \$475 test fee.

Reimbursement and funding are made only if funds are available, and the reimbursement request is recommended for approval by the NBCT Advisory Committee to be submitted to the Arkansas State Board of Education for final approval.

The Candidate must:

- be a resident of Arkansas.
- achieve a passing score on the component.
- be employed as a teacher in an Arkansas public school and engaged directly with instruction of students in a classroom setting for 70% or more of the contracted time.
- be employed as an instructional facilitator in an Arkansas public school or other instructional setting. The instructional facilitator is directly involved in the instructional process by teaching children and by facilitating the instructional process through work with building teachers in classrooms. The instructional facilitator also facilitates continuous improvement in classroom instruction and professional learning support to teachers for 70% or more of the contracted time.
- be employed as a building-level principal or an assistant principal in an Arkansas public school.
- Provide a copy of the official score report provided by NBPTS
- Provide a copy of verification of payment from NBPTS
- Have not previously received state funding for component

Submit the above information by fax, email, or mail to the address below.

Complete All Fields (Please Print)

Name:	Last five (5) of SS#
Home Mailing Address:	
City, State, and Zip:	
Home Phone: ()	Work Phone: ()
Email Address:	
Employer Name:	



ARKANSAS
DEPARTMENT
OF EDUCATION

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By signing below, I am requesting reimbursement for one NBPTS component (\$475). I understand and agree to all terms as stated in the reimbursement request form.

Signature

Date

COMPLETE AND RETURN THIS FORM TO:

Kelly McLaughlin, Educator Support and Development Advisor
Division of Elementary and Secondary Education,
Division of Educator Effectiveness and Licensure
Four Capitol Mall, Mail Box #5, Little Rock, AR 72201
Fax: 501-682-1193 Email: Kelly.McLaughlin@arkansas.gov Phone:
501-683-3162