Arlington Central School District
Office of Professional Development

National Board Certification Candidacy Form

Please complete this form for National Board Certification Candidacy, which indicates your intent to embark upon the process for National Board Certification, and submit the entire form to the Arlington Central School District Office of Professional Development. Be sure to retain a copy for your records. Once you have received your National Board Certification, please forward a copy of your certificate as evidence of completion to the Arlington Central School District Office of Professional Development.

Name: _____
Grade Level or Assignment: _____
School Building: _____
Today's Date: _____

Please check the area in which you are seeking certification and the certificate title:

AREA OF CERTIFICATION	TITLE OF CERTIFICATE
Generalist	Early Childhood Middle Childhood
Art	Early and Middle Childhood Early Adolescence through Young Adulthood
Career and Technical Education	Early Adolescence through Young Adulthood
English as a New Language	Early and Middle Childhood Early Adolescence through Young Adulthood
English Language Arts	Early and Middle Childhood/Literacy-Reading Language Arts Early Adolescence Adolescence and Young Adulthood
Exceptional Needs	Early Childhood through Young Adulthood
Library Media	Early Childhood through Young Adulthood
Mathematics	Early Adolescence Adolescence and Young Adulthood
Music	Early and Middle Childhood Early Adolescence through Young Adulthood
Physical Education	Early and Middle Childhood Early Adolescence through Young Adulthood
School Counseling	Early Childhood through Young Adulthood
Science	Early Adolescence Adolescence and Young Adulthood
Social Studies – History	Early Adolescence Adolescence and Young Adulthood
World Languages Other than English	Early Adolescence through Young Adulthood

Date in which you will begin the certification process: _____(mm/yyyy)

Anticipated date of completion: _____(mm/yyyy)

Your NBPTS candidate ID number _____

Are you interested in participating in an ACSD Support Group cohort for National Board Certification? ___ Yes ___ No

Notes/Comments: _____
_____

_____ _____ _____ _____
Principal Date Director of Professional Development Date

Office Use Only

Date Completion Certificate Received	✓ Computer entry	Date certificate sent to Personnel Office