



**INSTRUCTIONS:** Submit completed application by **JUNE 30, 2021**, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: CHARLENE KOCI, EDUCATION SPECIALIST**  
**TEACHER EDUCATION, PROFESSIONAL DEVELOPMENT,**  
**AND LICENSING**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**

For information regarding **Wisconsin Teacher License renewal and/or Master Educator License**, contact Charlene Koci at 608-267-9215 or [charlene.koci@dpi.wi.gov](mailto:charlene.koci@dpi.wi.gov)

Additional information available at: <https://dpi.wi.gov/licensing/apply-educator-license/nbpts>

GENERAL INFORMATION			
Applicant Name <i>First, Middle, Last</i>	Previous Name	DPI Educator Entity Number	
Mailing Address <input type="checkbox"/> <i>Check if address is different than previously reported.</i>		Date of Birth <i>Mo./Day/Yr.</i>	
City	State	ZIP	
E-Mail Address	Phone <i>Area/No.</i> Work	Home	
School District Name	School Name(s)		

ANNUAL GRANT ELIGIBILITY CRITERIA
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**I CERTIFY** that I meet all the following criteria for issuance of an **Annual** NBPTS Grant. I have attached appropriate documentation.

- 1. Certification by the National Board for Professional Teaching Standards (**NBPTS**). (**No** required documentation.)
- 2. *For public school teachers only:* Licensed as a teacher by the state superintendent. (**No** required documentation.)
- 3. Employed as a teacher in Wisconsin as documented on the attached **Employment Verification Form PI-1678**.
- 4. Previously received from the Wisconsin Department of Public Instruction the **National Teacher Certification by NBPTS Initial Reimbursement Grant**. (**No** required documentation.)
- 5. *If applicable only:* Employed as a teacher in a school identified by the Wisconsin Department of Public Instruction during the 2020-21 school year in which at least 60 percent of the pupils enrolled satisfy the income eligibility criteria for a reduced-price lunch under 42 USC 1758(b)(1).
- 6. *If applicable only:* Provided documentation regarding my effective or highly effective status in the Educator Effectiveness system on the **attached Employment Verification form PI 1678**.

**I FURTHER CERTIFY** that all information on this form and accompanying documents is true and correct. I understand that any false statements will result in denial of grant payments.

**I REQUEST** *Check one:*

- The NBPTS Annual Grant of \$2,500, s.115.42(2)(a) Wis. Stats.
- The NBPTS Annual Grant of \$5,000, s.115.42(2)(a) Wis. Stats., because I am employed in a school in identified by the Wisconsin Department of Public Instruction during the 2020-21 school year in which at least 60 percent of the pupils enrolled satisfy the income eligibility criteria for a reduced-price lunch under 42 USC 1758(b)(1).

Applicant Signature <i>Must be original, not a copy</i>  ➤	Date Signed <i>Mo./Day/Yr.</i>
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FOR DPI USE		
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved	Grant Amount	<i>If Disapproved, Reason for Disapproval</i>

Signature of DPI Official Responsible for Verification  ➤	Date Signed <i>Mo./Day/Yr.</i>
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