

APPLICATION FOR INCENTIVE AWARDS

ONLY TEACHERS WHO HOLD CONTINUING CONTRACT, PROFESSIONAL SERVICE CONTRACT, OR WHO QUALIFY FOR SUCH A CONTRACT ARE ELIGIBLE FOR THE INCENTIVE AWARD.

PLEASE CHECK ONE: Basic Incentive Advanced Incentive

Social Security Number:	Name: Last First	Current Location: (Name)
Teaching Field/Current Assignment:	Grade Level: (Check) <input type="checkbox"/> PK-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Adult/Voc.	

COLLEGE COURSES

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	MONTH AND YEAR COMPLETED	SEMESTER HOURS
TOTAL SEMESTER HOURS EARNED				

SUBMIT OFFICIAL TRANSCRIPT(S)

INSERVICE POINTS + SEMESTER HOURS = TOTAL

OFFICIAL TRANSCRIPT(S) ARE ATTACHED:
REQUESTED UNIVERSITY TO FORWARD TRANSCRIPTS TO CERTIFICATION, ATTENTION: INCENTIVE AWARDS

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE

DATE

The application form must be in the physical possession of the Broward County Certification Office on September 15. Applications which arrive late through the School Pony Mail System, regardless of when they were placed in the Pony, will not be accepted. Courses must be completed before September 1. DO NOT APPLY IF YOU HOLD A SPECIALIST OR DOCTORATE DEGREE.

FOR CERTIFICATION USE ONLY

Approved
 Not Approved _____

EFFECTIVE
DATE OF AWARD

MM/DD/YY

PROCESSED BY/DATE

CERTIFICATION ADMINISTRATOR