



Teacher Standards and Practices Commission

250 Division Street NE, Salem, OR, 97301-1012

Phone: 503-378-3586 | Fax: 503-378-3758

www.oregon.gov/tspc

NATIONAL BOARD CERTIFICATION REIMBURSEMENT REQUEST FORM

I know I am eligible for reimbursement when all four checks below are applicable to me:

- ✓ I have an active and valid non-provisional Oregon teaching license.
- ✓ I was issued my initial National Board certification or my maintenance certification after July 1, 2017.
- ✓ I was employed in an Oregon teaching assignment when the eligible expense was incurred.
- ✓ I will be employed in an Oregon teaching assignment at the time of reimbursement.

I have included the following documentation to verify my initial National Board certification expenses:

- [W9 form](#) Copy of National Board certificate
- Copy of the National Board Financial Statement for Components 1, 2, 3, and 4: \$1,900
- Copy of the payment receipt(s) for eligible orientation program expenses (\$300 max)
- Copy of the payment receipt(s) for eligible cohort expenses (\$400 max)

I have included the following documentation to verify my National Board renewal expenses:

- [W9 form](#) Copy of National Board certificate
- Copy of the National Board Financial Statement for my certification renewal fee: \$1,250
- Copy of the payment receipt(s) for eligible orientation program expenses (\$100 max)
- Copy of the payment receipt(s) for eligible cohort expenses (\$100 max)

Information to be used for the reimbursement check (please check only one box):

- Please issue the reimbursement check in *my name* using the information I provide below.
- ~or~
- Please issue the reimbursement check to my *school district* using the information I provide below.*

*By checking this box, you are permitting the school district to receive reimbursement for your NBCT expenses. You will no longer be eligible to receive reimbursement from TSPC for these same expenses.

TSPC ACCOUNT ID		DATE OF BIRTH	
FIRST NAME		MIDDLE NAME	LAST NAME
MAIDEN OR OTHER NAME		PHONE	
PAY TO THE ORDER OF (ONLY REQUIRED IF SCHOOL DISTRICT IS TO BE REIMBURSED):			
MAILING ADDRESS FOR REIMBURSEMENT CHECK:			
CITY	STATE	ZIP CODE	
SIGNATURE		DATE OF REQUEST	

Instructions to submit request electronically:

- Attach required documentation listed above
- Sign and date this reimbursement request form
- Email subject line: "NBCT Reimbursement Request"
- Email to: contact.TSPC@oregon.gov

Instructions to submit request manually:

- Include required documentation listed above
- Sign and date this reimbursement request form
- Fax to: (503) 378-4448 ~or~
- Mail to: TSPC mailing address provided below