Applying for Extra Training Pay
DCAEOP and DCSIA
Instructions

Revised 6/19/24

Returned checks will delay processing of your application until corrected.
Incomplete forms and missing documentation will delay processing of your application.

Form 1 *(Application)*

- **Enter ALL information in the top section:**
  - Applicant's Name, Applicant's Mailing Address
  - Check the Certificate Type you are applying for
  - Employer (Davidson County Schools)
  - School Name (enter the name of the school you work at)
  - Administrator's Name (name of your Administrator)
  - Title (your Administrator's title – ex. Director, Principal, Supervisor, etc.)
  - School Mailing Address
- **Level of Certificate – Attach transcript and/or CEUs, course certificates**
  - Check the level of Certificate you are applying for
  - If applicable, list your current certificate held and the date awarded
- **Education Record – Attach transcript**
  - If applicable, list the name of the College or University you attended
  - Mailing Address, if applicable
  - Include transcript(s), if applicable (check appropriate box)
  - Have Notary complete the notary section
  - Signature of Applicant and Date (Sign & Date in front of Notary)
  - $25 check for application fee (payable to your organization) DCAEOP or DCSIA

Form 2 *(Staff Development WorkShop Hours)* 60 Hours Required Inservice Training

- ***Page 1:*** **Enter ALL information in the top section:**
  - Applicant's Name, Applicant's Mailing Address
  - Check the Certificate Type you are applying for
  - List your current certificate held, if applicable
  - List Sponsor Name (ex. Host of workshop, Bi Monthly mtg., etc.)
  - List Title of workshop
  - List Date
  - List Hours (if minutes - # of min. divided by 60) (example: 30 min. = .5)
  - Initial first page
  - Use additional pages if needed

Form 3 *(Association Points)*

- ***Page 1:*** **Enter ALL information in the top section:**
  - Applicant's Name, Applicant's Mailing Address
  - Check the Certificate Type you are applying for
  - List Association Responsibility (your group: DCAEOP OR DCSIA)
  - List All Committees that you serve on, date, position (Member or Chair), points (1 point for Member, 2 points for Chair)

Send forms 1, 2, and 3 with a $25 check (payable to DCAEOP or DCSIA) for application fee to your organization Registrar