**SD National Board Certified Teachers through National Board for Professional Teachers /**

**SD National Certified School Counselors through National Board for Certified Counselors**

**Stipend Claim Form**

**Years 6-10 of Certification**

Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this claim form, I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief.

**Additional Required Documentation:**

1. **All claimants must submit a completed W-9 form.**
2. **All claimants must submit proof of payment by the school district, ie a paystub(s) or documentation from the contributing school district’s accounting system, indicating a stipend payment for National Board.**
3. **All claimants must submit a copy of their certificate with the original certification date.**

**Please Remit to:**

**Kelly Royer**

**SDDOE**

**Division of Instruction and Learning**

**800 Governor’s Drive**

**Pierre, SD 57501**