REQUEST FOR NATIONAL LICENSE SUPPLEMENT

FOR ATHLETIC DIRECTORS WHO HOLD CERTIFIED ATHLETIC ADMINISTRATOR CERTIFICATION

Effective July 1, 2014, for athletic directors who hold valid **national** certification as a **Certified Athletic Administrator** (**CAA**) from the National Interscholastic Athletic Administrators Association (NIAAA). The \$500 annual supplement will remain in effect as long as you submit a valid **national** license/certification each time the current one expires.

If applying for the first time, you must also submit this <u>original signed form with a copy of your valid national</u> certificate. Please submit this form to Ms. Marie Bercaw, Certification Coordinator, at:

US Postal Address:

MCPS – OHRD/DCCE
Certification Unit
45 W. Gude Drive, Suite 2300
Rockville, Maryland 20850-1159

Interoffice Address:
OHRD/DCCE
Certification Unit
45 W. Gude Drive, Suite 2300

- > The adjustment in pay will be prorated if you work less than full time and will be effective based on the date you submit your documentation in accordance with the schedule agreed upon by MCEA and MCPS. This schedule is available on the certification website. Based on the date of receipt, the \$500 supplement will be added to your base annual salary and is paid as part of your biweekly paycheck.
- > If you do not currently hold a **national** license/certificate and wish to obtain this, you must work directly with the national organization.
- It is your responsibility to keep your **Certified Athletic Administrator** valid and to submit a renewed **national** license/certificate if and when your current license/certificate expires. Otherwise, your supplement will be discontinued.
- In addition, it is your responsibility to keep your Maryland State Department of Education Standard Professional or Advanced Professional Certificate valid and in good standing. If you fail to renew your professional Maryland certificate, your supplement will be discontinued until you are able to reinstate your professional Maryland certificate.

Name	ID#	School/Office	>
Signature, Applicant		Date	
FOR OFFICE USE ONLY			
ACTION: Date all official doc application/request and copy of			(All documentation includes the original, signed
COMMENTS:			
Approved: Effective Date		Disapproved	
☐ Entered into HRIS (MA22)	Half-sheet to ERS	SC/Salary Administrat	ion DCCF/Cert Unit Designee Date