



MIAMI-DADE COUNTY PUBLIC SCHOOLS
APPLICATION FOR CREDENTIAL PAYMENT FOR ADVANCED DEGREE(S)
PLEASE TYPE OR PRINT, EXCEPT SIGNATURE

FOR OFFICE USE ONLY	
Level:	_____
Effective Date:	_____
Approved By:	_____

DIRECTIONS:

- Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1500 Biscayne Boulevard, Suite 140, Miami, Florida 33132. **Mail Code - 9317.**
- Please allow four to six weeks from date of receipt for processing.
- Documentation required before application can be processed for payment: **Official transcript(s)**
Master's/Doctorate - degree must be conferred; **Specialist Pay** - 36 semester hours of graduate credit from an accredited university after receiving master's degree (*please provide a copy of master's degree*) or conferred Educational Specialist degree.
- Transcript(s) on file with M-DCPS?** Yes No
Universities/Colleges _____

A.				
Name	(Last)	(First)	(Middle)	Employee No.
Home Address	(Number and Street)	(City)	(Zip)	Home Phone No.
Work Location Name			Work Location No.	Work Phone No.
Best Method to Contact You (e-mail address, cellular phone number, etc.)				

B.	
Please provide the following information:	
HIGHEST ADVANCED DEGREE FOR WHICH APPLYING:	<input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate
MAJOR(S): _____	COMPLETION DATE(S): _____
CURRENT TEACHING ASSIGNMENT(S): _____	
FOR VOCATIONAL ONLY: Non-Degree Rank II effective date: _____	

C.		
FIRST TIME APPLICANT FOR ADVANCED DEGREE PAYMENT REQUIRES SUPERVISING ADMINISTRATOR'S SIGNATURE TO VERIFY CURRENT TEACHING ASSIGNMENT(S).		
_____ <i>Signature of Supervising Administrator</i>	_____ <i>Title</i>	_____ <i>Date</i>

D.	
I certify that all foregoing information is true to the best of my knowledge.	
_____ <i>Signature of Applicant</i>	_____ <i>Date</i>