



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, 1450 N.E. 2nd Avenue, Suite 621, Miami, Florida 33132. **Mail Code - 9317. Only original documentation is accepted; no scanned, copies or faxes accepted.**
 - Please allow four to six weeks from date of receipt for processing.
 - Official transcript(s) are required:** **Master's/Doctorate** - degree must be conferred; **Specialist Pay** - 36 semester hours of graduate credit from a regionally 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 _____
 - If you are an hourly employee, only section C is not required.**

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: Masters Specialist 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).

Signature of Supervising Administrator _____ _____
Title *Date*

D.

I certify that all foregoing information is true to the best of my knowledge.

Signature of Applicant _____
Date