REQUEST FOR MCPS NATIONAL LICENSE SUPPLEMENT

FOR SPEECH PATHOLOGISTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SCHOOL PSYCHOLOGISTS AND SCHOOL COUNSELORS WHO HOLD *NATIONAL CERTIFICATION*

Effective FY2026, the annual MCPS National License (NL) supplement is $2,500 for eligible MCEA unit members. The NL supplement will remain in effect as long as you submit a valid **national** license/certification ***each time*** the current one expires.

If you are new to MCPS, you must submit a copy of your valid national license/certificate that includes the expiration date to the staffing coordinator hiring you so that your *initial* salary lane placement is accurate – do not submit this form.

If you're a current employee who now holds an acceptable national license/certificate, you *MUST* submit this form along with a copy of your current valid NL that includes expiration date, following the information and instructions below –

- **Submit this original signed form with a copy of your valid national license/certificate that includes the expiration date to Ms. Marie Bercaw, Assistant Director, at certification@mcpsmd.org *OR* to one of the address options below (choose one method of delivery) –**

  US Postal Address:
  MCPS – DHRTM/DTA
  Attn: Certification Unit
  45 W. Gude Drive, Suite 2300
  Rockville, Maryland 20850-1159

  Interoffice Address:
  DHRTM/DTA
  Attn: Certification Unit
  45 W. Gude Drive, Suite 2300

- Adjustment in pay will be prorated if you work less than full time and will be effective based on the date the completed form and required documentation **is** received in accordance with the schedule due dates agreed upon by MCEA and MCPS. This schedule is available on the certification website salary advancement information page. **Based on date of receipt, the $2,500 supplement will be added to your base annual salary and is paid as part of your biweekly paycheck.**

- **It is your responsibility** to keep your **Maryland Professional Credential** and/or **Maryland State Board of Examiners (DHMH or similar) License** valid and to submit a renewed **national** license/certificate when your current license/certificate expires. **Otherwise, your supplement will be *discontinued*.**

- **Acceptable** national licenses/certifications:
  - School Psychologists - Nationally Certified School Psychologist
  - Physical Therapists - American Physical Therapy Association Clinical Pediatric Specialist Certification
  - Occupational Therapists - National Board for Certification in Occupational Therapy, Inc.
  - Speech Pathologist - Certificate of Clinical Competence (ASHA Card is acceptable verification)
  - School Counselors - National Certified Counselor or National Certified School Counselor

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Name_____ ID#_____ School/Office _____

Check where applicable: ____ Speech Pathologist ____ School Psychologist ____Occupational Therapist
____ Physical Therapist ____ School Counselor

_____

Signature, Applicant *Date*

FOR OFFICE USE ONLY

ACTION: Date all official documentation is received ____/_____/_____ COMMENTS:

☐ Approved: Effective Date_____/_____/_____ ☐ Disapproved

☐ Entered into HUB+

_____
DTA/Cert Unit Designee Date

Updated 9.2025