



FLORIDA

Educator Certification

DISTRICT APPLICATION

Instructions for Completing Your Application for Educator Certification

Each district school board is responsible for processing application requests for its public school employees for duplicate or name change certificates, as well as additions to certificates based on district add-on program completion or passing a subject area exam (§1012.586, F.S.; 6A-4.0012, FAC).

GENERAL INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

- Complete entire application form using a black or dark blue ink pen. Do not use pencil.
- Fill in all circles completely (i.e. ●).
- All entries should be clearly typed or hand written in UPPER CASE LETTERS within the boxes provided.
- There should be at least one blank space between each word for any entry.
- DO NOT staple, tape, or use correction fluid on the form.

Ensure that your social security number or Florida DOE# is clearly printed on all documents submitted.

SSN Statement: *Collection of your social security number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of promoting the public policy of Florida relating to child support. Your SSN is used by the Department as a unique identifier for maintaining your certification and related personnel records as required under the same statute. Your SSN may be disclosed to the Department of Revenue, as authorized under §1012.21, Florida Statutes, as Florida's agency for administration of the Title IV-D program of the federal Social Security Act for child support enforcement. Failure to provide your SSN to Educator Certification will prevent issuance of your Florida Educator's Certificate.*

CERTIFICATE OR SERVICE REQUESTED:

Service Requested	Fee
Add a subject or endorsement to my valid Florida Certificate. (Fill in subject code box.)	\$75.00
Print a duplicate copy of my currently valid Florida Certificate. <i>NOTE: A duplicate cannot be requested of an expired certificate.</i>	\$20.00 only
Print a copy of my valid Florida Certificate due to a legal name change.	\$20.00 only

LEGAL DISCLOSURE: Florida Law requires you to provide a YES or NO answer to the questions within the Legal Disclosure section of your application, even if previously submitted. For your application to be complete, you must complete the **Application and Legal Disclosure Affidavit** at the end of the Legal Disclosure Supplement.

AFFIDAVIT: You must read, print your name, affix your legal signature, and enter the date.

All documents submitted become part of your official Florida certification record and cannot be returned.

Return Completed Form & Payment To:
Sumter County School Board - Human Resources Dept.
2680 West CR 476
Bushnell, Florida 33513

District Additions
Subject Area/Grade Level Chart
 Effective October 25, 2011

Use codes on this chart to complete the CG-10D Application Form – District Version

Academic Coverages	Grade Levels	Subject Code
Art	K-12	1001/6
Biology	6-12	1003/1
Chemistry	6-12	1004/1
Computer Science	K-12	1006/6
Drama	6-12	1008/1
Earth-Space Science	6-12	1009/1
Elementary Education	K-6	1013/K
English	6-12	1015/1
English for Speakers of Other Languages (ESOL)	K-12	1016/6
Exceptional Student Education	K-12	1077/6
Foreign Language – French	K-12	1017/6
Foreign Language – German	K-12	1019/6
Foreign Language – Latin	K-12	1030/6
Foreign Language – Spanish	K-12	1054/6
Health	K-12	1022/6
Hearing Impaired	K-12	1023/6
Humanities	K-12	1026/6
Journalism	6-12	1029/1
Mathematics	6-12	1031/1
Middle Grades English	5-9	1015/C
Middle Grades General Science	5-9	1033/C
Middle Grades Mathematics	5-9	1031/C
Middle Grades Social Science	5-9	1052/C
Music	K-12	1035/6
Physical Education	K-12	1036/6
Physics	6-12	1038/1
PreKindergarten/Primary Education	PK-3	1041/H
Preschool Education (Birth through Age 4)	0-4 Yrs	1042/A
Social Science	6-12	1052/1
Speech	6-12	1056/1
Visually Impaired	K-12	1059/6

Specialty Coverages	Grade Levels	Subject Code
Educational Media Specialist	PK-12	1012/D
Degreed Vocational Coverages	Grade Levels	Subject Code
Agriculture	6-12	1067/1
Business Education	6-12	1068/1
Family and Consumer Science	6-12	1069/1
Marketing	6-12	1072/1
Technology Education	6-12	1070/1
General Endorsements	Subject Code	
Athletic Coaching		1002/E
Driver Education		1061/E
English for Speakers of Other Languages (ESOL)		1016/E
Reading		1046/E
Academic/Specialty Endorsements	Subject Code	
American Sign Language		1079/E
Autism Spectrum Disorders		1078/E
Gifted		1062/E

Please be advised that an endorsement is a rider on a valid Florida educator's certificate with another subject coverage. An academic/specialty endorsement can only be a rider with specified subject coverages. An endorsement cannot stand alone on a certificate.

Please visit the FLDOE Professional Development website at www.fldoe.org/profdev for a listing of "Approved District Add-on Programs" for your school district.



CG-10D APPLICATION FOR A
FLORIDA EDUCATOR'S CERTIFICATE
DISTRICT VERSION

Sumter County School Board
2680 CR 476
Bushnell, FL 33513

Official Use Only		Employer Date Stamp
Payment Amount	\$ <input type="text"/>	
Payment Number	<input type="text"/>	
Payment Method (CHECK ONE)		
Check	Money Order	
Cash	Credit Card	Other

PERSONAL INFORMATION Complete entire Application in UPPERCASE letters using only black or blue ink.

1A. U.S.Social Security Number	1B. DOE Number	2. Birth Date (MM/DD/YYYY)	3. Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. First Name (Given Name)	5. Middle Name		
<input type="text"/>	<input type="text"/>		
6. Last Name (Family Name)			
<input type="text"/>			
7. Mailing Address (Street Number and Street Name)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
8. City			
<input type="text"/>			
9. State	10. Postal Code	11. Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. Country			
<input type="text"/>			
13. E-Mail Address (For Official Communication from Educator Certification)			
<input type="text"/>			

14. What is your gender? (Optional) M <input type="checkbox"/> F <input type="checkbox"/>
15. Are you Hispanic or Latino? (Optional, choose only one) No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/>
16. What is your race? (Optional, mark all that apply) American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>

17. CURRENT VALID FLORIDA EDUCATOR'S CERTIFICATE INFORMATION

Please select your currently valid Florida Certificate Type.	Please indicate the validity period of your Florida Certificate.
Professional <input type="checkbox"/> Temporary <input type="checkbox"/>	July 1, <input type="text"/> to June 30, <input type="text"/>

18. CERTIFICATE OR SERVICE REQUESTED

18A. Please select the Certificate Service Requested. (Please select only one service per application)

Add a subject or endorsement to my valid Florida Certificate.* (go to question 20)
 Print a duplicate copy of my valid Florida Certificate. (skip to page 2)
 Print a copy of my valid Florida Certificate due to a legal name change. (skip to page 2)

18B. Please indicate the subject code for the subject coverage or endorsement to be added to your Florida Certificate.
 Please refer to the District Additions Subject Area/Grade Level Chart for the appropriate code numbers

* Please note: Districts may add a subject coverage or endorsement to a valid Florida certificate **ONLY** on the basis of the completion of the appropriate subject area testing requirements of s.1012.56(5)(a), FS, or the completion of the requirements of an approved school district program or the inservice components for an endorsement.
Academic Coverages, Specialty Coverages, and Degreed Vocational Coverages may be added **ONLY** to a valid Florida **Professional** Certificate through use of this application to your employing school district.



**CG-10D APPLICATION FOR A
FLORIDA EDUCATOR'S CERTIFICATE
DISTRICT VERSION**

**Sumter County School Board
2680 WC 476
Bushnell, FL 33513**

PERSONAL INFORMATION

Complete in UPPERCASE letters using only black or blue ink.

U.S. Social Security Number

DOE Number

First Name

Last Name

LEGAL DISCLOSURE (Florida Law requires you to provide a YES or NO response)

After answering each of the following questions, you must sign and date the **Application and Legal Disclosure Affidavit** to complete your application. Please refer to the instructions in the Legal Disclosure Supplement on the reverse side of this page for additional information regarding this section of the application form.

SEALED OR EXPUNGED RECORDS (Report ONLY sealed or expunged records in this section)

For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

- YES NO Have you ever had any record sealed or expunged in which you were **convicted** of a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you were **found guilty** of a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you had **adjudication withheld** on a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you pled **nolo contendere** to a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you **pled guilty** to a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you entered into a **pretrial diversion program** or **deferred prosecution program** related to a criminal offense?
- YES NO Do you have a petition pending to seal or expunge any criminal offense record?

SEALED or EXPUNGED records MUST BE REPORTED pursuant to ss. 943.0585 and 943.059, Florida Statutes. However, existence of such records **WILL NOT BE DISCLOSED** nor made part of your certification file which is public record.

CRIMINAL OFFENSE RECORD(S) (Report any record other than sealed or expunged in this section.)

For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

- YES NO Have you ever been **convicted** of a criminal offense?
- YES NO Have you ever been **found guilty** of a criminal offense?
- YES NO Have you ever had **adjudication withheld** on a criminal offense?
- YES NO Have you ever pled **nolo contendere** to a criminal offense?
- YES NO Have you ever **pled guilty** to a criminal offense?
- YES NO Have you ever entered into a **pretrial diversion program** or **deferred prosecution program** related to a criminal offense?
- YES NO Are there currently **charges pending** against you for any criminal offense?

PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)

For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

- YES NO Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
- YES NO Have you ever been DENIED a professional license or certificate in this state or any other state even if the certificate or license was later issued with conditions or limitations?
- YES NO Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
- YES NO Have you ever surrendered, resigned, or relinquished a professional license or certificate in this state or any other state during or following an investigation into allegations of misconduct?
- YES NO Have you ever had a professional license or professional certificate disciplined in this state or any other state by receiving a letter of reprimand, fine, probation or any other restriction or special condition?
- YES NO Do you have any current investigative action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?
- YES NO Do you have any current disciplinary action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?

If you answered YES to any of the preceding questions, you must complete all information within the Legal Disclosure Supplement on the reverse side of this page. Please provide detailed information for each affirmative response and submit this form to complete your application.

LEGAL DISCLOSURE SUPPLEMENT

Florida Law requires you to provide a YES or NO answer to the questions within the Legal Disclosure section of your application, even if previously submitted. If you answered YES to any question in the Legal Disclosure section on the application form, you must provide detailed complete information for each affirmative response within the corresponding section in this Legal Disclosure Supplement.

You are not required to acknowledge minor traffic violations. The criminal offense of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) is **not** a minor traffic violation and should be disclosed on this form.

Having a criminal history or administrative sanction against a professional license does not automatically disqualify a person from receiving a Florida Educator's Certificate, but such incidents will prompt a review by the Office of Professional Practices Services.

A person is **ineligible for educator certification** if the person has been **convicted of a disqualifying offense** as listed in Section 1012.315 Florida Statutes. Please refer to www.myfloridateacher.com for more information.

First Name	Middle Name	Last Name	Former Name	Any Other Last Names / Aliases

SEALED OR EXPUNGED RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	Plea	Disposition (outcome)

PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)

State: _____	Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____	
State: _____	Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____	
State: _____	Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____	

APPLICATION and LEGAL DISCLOSURE AFFIDAVIT

I, PrintName, do hereby certify that I subscribe to and will uphold the principles incorporated in the

Constitution of the United States of America and the Constitution of the State of Florida. I do hereby affirm that all information provided in my application for a Florida Educator's Certificate is true, accurate, and complete.

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN OR RENEW A FLORIDA EDUCATOR'S CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO CRIMINAL PROSECUTION, AS WELL AS DISCIPLINARY ACTION BY THE EDUCATION PRACTICES COMMISSION.

APPLICANT'S SIGNATURE

DATE