



FLORIDA

Educator Certification

DISTRICT RENEWAL 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 Professional Certificates (§1012.581, 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 Renewal Requested	Fee
Renewal of my valid Florida Professional Certificate.	\$75.00
LATE Renewal of my <i>recently</i> expired Florida Professional Certificate. <i>NOTE: To use the late fee option, all requirements for renewal of the certificate must have been completed prior to expiration of the certificate except for submitting the application and fee.</i>	\$105.00 (\$75 plus \$30 Late Fee)

SUBJECTS RENEWED: Complete the table for each subject on your Professional Certificate for which you have completed credit or the equivalent during this renewal period.

- If renewing by college credit earned, enter the course information in the table and submit an OFFICIAL transcript from each college/university reflecting completion of the appropriate college credit earned. Each transcript shall bear the seal and signature of the registrar. PHOTOCOPIES are **not** official transcripts.
- If renewing by Florida Inservice Credit points, your Florida employer must complete the Inservice Credit section of this form to verify your inservice points.
- If renewing by passing a Florida Subject Area Examination (for a subject currently on the certificate) enter this information in the table. Passing scores are automatically submitted.
- If renewing with your NBPTS certificate, submit a copy of the certificate along with the completed renewal application.
- To use your college teaching experience, request that the registrar at your college/university submit a letter listing the prefix, number and name for each course, the number of semester hours earned by students in each course and the dates the courses were taught.

• If you wish to delete a subject from your certificate, enter the subject in the table and write "delete" in any adjacent Method of Renewal column.

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. 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.



CG-10RD APPLICATION FOR RENEWAL OF A FLORIDA PROFESSIONAL EDUCATOR'S CERTIFICATE - DISTRICT VERSION

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

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

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

1A. U.S. Social Security Number <input type="text"/>	1B. DOE Number <input type="text"/>	2. Birth Date (MM/DD/YYYY) <input type="text"/>	3. Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. First Name (Given Name) <input type="text"/>		5. Middle Name <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 <input type="text"/>	10. Postal Code <input type="text"/>	11. Phone <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 F

15. Are you Hispanic or Latino?
 (Optional, choose only one)
 No, not Hispanic or Latino
 Yes, Hispanic or Latino

16. What is your race?
 (Optional, mark all that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

17. SUBJECTS TO BE RENEWED

List Subject(s) to be Renewed and Method of Renewal for Each Subject

Subject(s) To Be Renewed	Method of Renewal					
	College Credit Earned			Florida Inservice Credit Number of Points	FL Subject Area Test	NBPTS Certificate
	Course Number	Name of Institution	Last Name While attending College			

18. INSERVICE CREDIT

Inservice Credit Completed Through on Approved Florida Master Inservice Program

Name of District or School : _____

Inservice Program :

Starting Date:

Ending Date:

Includes "banked" Inservice Points
(select here)

I hereby verify that applicant satisfactorily participated in an approved Inservice teacher education program and earned points to include teaching students with disabilities credit (SWD) to renew the subjects shown above.

Signature of Authorized School Official

Position or Title

Date



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Return Completed Form & Payment To:
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 2680 West CR 476
 Bushnell, Florida 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, , do hereby certify that I subscribe to and will uphold the principles incorporated
Print Name

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