NOTICE

This form is provided for the exclusive use of Florida State Supported and Nonpublic schools that have a system for **Demonstration of Professional Education Competence (PEC)** that has been ***approved by the Florida Department of Education.***

If your school does not have a Florida Department of Education approved PEC:

- you are ineligible to request issuance of a Temporary Certificate for your employees and should not submit this form.
- you may obtain information about providing such a program for your teachers by contacting the Bureau of Educator Certification at (850) 245-0569.

Florida Department of Education
Bureau of Educator Certification
Room 201, Turlington Building
325 West Gaines Street
Tallahassee, FL 32399-0400

District Number | **Communication Number**

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Applicant's Personal Information

Social Security Number

First Name

Middle Name

Last Name

REQUEST FOR ISSUANCE OF AN INITIAL FLORIDA EDUCATOR'S CERTIFICATE
FOR USE BY STATE SUPPORTED AND NONPUBLIC SCHOOLS

Note: Only schools which have a system for Demonstration of Professional Education Competence that has been approved by the Florida Department of Education may request a certificate.

I. Choose one of the following:

☐ Temporary Certificate ☐ Professional Certificate ☐ Athletic Coaching Certificate

II. Complete the Applicant Information below:

Validity Period of Certificate (school years): _____ -- _____

Date Employed: _____ Teaching Assignment: _____

Address: _____ City _____ Zip Code _____

III. Complete the School/Organization Information below:

Name of School: _____ Name of Organization: _____

Street _____ City _____ Zip Code _____ Telephone: _____

IV. Select the correct fingerprint status:

1. _____ Completed fingerprint card with appropriate fee is enclosed.
2. _____ Fingerprint information is not enclosed and will be forwarded at a later date. Fingerprint processing is not complete.

V. Select the correct citizenship status:

1. _____ Applicant is a citizen of the United States
2. _____ Applicant is not a citizen of the United States, but is eligible for employment. A photocopy of the I-9 form verifying eligibility for employment signed by an official of this school/organization is attached.

VI. Signature of Chief Administrative Officer: _____ Date: _____