



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

Communication Number

C T 1 1 1

**Applicant's Personal Information**

**Social Security Number**

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**DOE Number**

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**Date of Birth (MM/DD/YYYY)**

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**First Name**

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**Last Name**

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**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 (PEC) that has been approved by the Florida Department of Education may request a certificate.*

**Choose one of the following:**

Initial Florida Educator's Certificate

Athletic Coaching Certificate

**Complete the Applicant Information below:**

Begin Date of Certificate Validity: July 1, \_\_\_\_\_ Date Employed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**Complete the School/Organization Information below:**

Name of School: \_\_\_\_\_

Name of PEC Organization: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**Applicant completed fingerprint submission on \_\_\_\_\_ via an FDLE-approved Livescan Service Provider.**

MM/DD/YY

**Background screening results will be sent directly to DOE/Teacher/Certification [ORI = FL921620Z].**

**Select the correct citizenship status:**

- \_\_\_\_\_ Applicant is a citizen of the United States.
- \_\_\_\_\_ 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.

**I certify the above information is true and accurate.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Chief Administrative Officer or Authorized Designee)*