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

District Number | Communication Number

		C T 1 1 6

Applicant Information

FL DOE# or Social Security Number

First Name

Middle Name

Last Name

Verification of Inservice Points

Renewal of the Professional Certificate

Period of Professional Learning Program Participation for Certificate Renewal			
Beginning Date:	_____/_____/_____ *MM / DD / YYYY*	**Ending Date:**	_____/_____/_____ *MM / DD / YYYY*

List Subjects to be Renewed and Method by Which Renewal Credits or Points Were Earned for Each Subject

Certificate Subject(s) To Be Renewed	Master Inservice Plan (MIP)		College Credit (if used for inservice points)		
	Points Earned	Includes Banked Points In:	Semester Hours	Course Prefix & Course Number	Name of Institution
		☐ ESOL ☐ Read ☐ SWD			
		☐ ESOL ☐ Read ☐ SWD			
		☐ ESOL ☐ Read ☐ SWD			
		☐ ESOL ☐ Read ☐ SWD			
		☐ ESOL ☐ Read ☐ SWD			
Teaching Students with Disabilities (SWD)	☐ Inservice Points	☐ College Credit	☐ Subject Area Exam	☐ NBPTS	

Inservice Credit Must Be Completed Through an Approved Florida Master Inservice Plan (MIP)

By my signature below, I hereby verify that this applicant satisfactorily participated in an approved Florida master inservice program and earned _____ points to renew the certificate subjects shown above that includes, as indicated, the required minimum credit in teaching students with disabilities (SWD).

Approved Florida Master Inservice Plan (MIP) Authority:

(District or Private Organization) _____

By my signature, I certify the data entered on this form is true and accurate.

_____ _____

Signature of Authorized School Official **Date**

_____

Printed Name and Title of Authorized School Official