OFFICE USE ONLY THE SCHOOL DISTRICT OF ESCAMBIA COUNTY Date:_____ Initials:_____ **Teacher Certification Office Local Certificate Application** Certificate #: 75 North Pace Blvd. Fingerprint Clearance Date: Pensacola, FL 32505 Class:_____ Level: Phone: (850)469-6252 _____ Validity Period:___ Subject:___ PERSONAL INFORMATION: COMPLETE ENTIRE APPLICATION IN BLACK OR BLUE INK ONLY 1. Social Security Number 2. Birth Date (MM/DD/YYYY) 3. U.S. Citizen ☐ Yes П No 4. First Name 5. Middle Name 13. Gender (Optional) ☐ Male 6. Last Name ☐ Female 14. Are you Hispanic or Latino? (Optional, choose only one) 7. Mailing Address Apt. # ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino 15. What is your race? 8. City (Optional, mark all that apply) ☐ American Indian or Alaska Native ☐ Asian 10. Zip Code 11. Phone 9. State ☐ Black or African American ■ Native Hawaiian or Other Pacific Islander □ White 12. Email Address: CERTIFICATE OR SERVICE REQUESTED Degree Level 15. Degree Level 16. Certificate Type 01-Bachelors **SB**-Substitute **NC**-Name Change **02**-Masters FT Voc-FT Vocational **DUP**-Duplicate 03-Specialist Voc-PT Vocational **UPGRD**-Upgrade- to 04-Doctorate **AD Ed**-Adult Education Higher Degree Total # Hrs:____ **05**-Associates PT Adj-PT Adjunct (only if other) **06**-Other **ADD**-Additions or Evaluation ACADEMIC RECORD: Please note all colleges attended Other Credits Graduation State Name of College(s) Degree Date Major Sem Hrs Attendance Dates TEACHING EXPERIENCE RECORD (excluding substitute teaching exp.) Name of Employer Date of Employment (MM/YYYY) Full-Time (F) Public or School Name County State Subject Level Part-Time (P) Private School Beain

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VOCATIONAL												
Dates				Full-Time (F)	# of Months							
From	To	Work Experience/Job Title	Employer	Part-Time (P)	Employed							
LEGAL DISCLOSURE (Florida Law requires you to provide a Yes or No response) After answering each of the following questions, you must sigh the Affidavit to complete this section of 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/EXPUNGED RECORD(S) (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 I	ا No	, , , , , , , , , , , , , , , , , , , ,										
☐ Yes ☐	∐ No □ 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? 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											
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 □ No	Have you ever pled nolo contendere to a criminal offense? 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										
	٦.,	offense? Are there currently charges pending against you for any criminal offense?										
☐ Yes	No	Are there currently charges pending agains	st 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.												
=	☐ No	Have you ever had a professional license or	certificate sanctioned or disciplined in this s	state or any other	state?							
∐ Yes I	No	Have you ever been DENIED a professional or license was later issued with conditions o		er state even if th	e certificate							
☐ Yes [□No	Have you ever had a professional license or		te or any other st	ate?							
Yes [☐ No	Have you ever surrendered, resigned, or rel	·	-								
	_	state during or following an investigation into	allegations of misconduct?									
☐ Yes ☐	l No 	Have you ever had a professional license or receiving a letter of reprimand, fine, probatic			tate by							
	No	Do you have any current investigative action certificate or against an application for a pro		inst a professiona	al license or							
☐ Yes [□ No	Do you have any current disciplinary action certificate or against an application for a pro		nst a professional	license or							
If you answered YES to any of the preceding questions, you must provide detailed complete information for each affirmative response in the Legal Disclosure Supplement on Page 3 and submit it along with your application form.												
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PERSONAL INFORMAT	TON											
Social Security Number												
First Name												
Last Name												
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	Last Name		Former Name		Any Other Last Names / Aliases					
					_							
SEALED/EXPUNGED RECORD(S) (List ONLY sealed or expunged records in this section)												
City Where Arrested	State	Date of Arrest	Date of Arrest		Plea	Disposition (outcome)						
CRIMINAL OFFENSE RE	ECORD(S)											
City Where Arrested	State	Date of Arrest		Charge	Plea	Dispo	osition (outcome)					
PROFESSIONAL LICEN	SE OR CERTIF	ICATE SANCTIO	N(S)									
State:	Year:	Licens	e or Cer	tificate:								
Issuing Agency: Sanction and Reason:												
State: Year: License or Certificate:												
Issuing Agency: Sanction and Reason:												
AFFIDAVIT												
I do hereby affirm by my signature that all information provided in this application and supplement 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 EDUCATOR PRACTICES COMMISSION.												
Applicant's Signature: Date:												
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