

FLORIDA TEACHER CERTIFICATION EXAMINATIONS (FTCE)
Florida Educational Leadership Examination (FELE)
REGISTRATION APPLICATION



Florida Department of Education

You may also register online at www.fl.nesinc.com

GENERAL DIRECTIONS
Please refer to the Registration Bulletin before completing this form.

This form will be machine processed and may be returned to you unprocessed if it is not completed properly or if the correct fee is not enclosed. For your information to be recorded accurately, please:

- 1. Use a No. 2 pencil (not ink) to print information in the boxes.
2. Completely fill in the ovals corresponding to the letters and numbers you printed.
3. Check the accuracy of the ovals you filled in, and erase any errors completely.

SAMPLE MARKS: Right [diagram] Wrong [diagram]

2 MAILING ADDRESS
P.O. Box or Street Address and Apartment Number
City
State Code
ZIP Code
3 ETHNICITY (optional)
4 TELEPHONE NUMBERS
Daytime
Evening

1 NAME—Omit hyphens, apostrophes, Jr., II, etc.
Last Name—first 16 letters
First Name—first 8 letters
ML

**5 GENDER (optional)**  
 Male  Female

**6 SOCIAL SECURITY NUMBER**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

**7 DATE OF BIRTH**

Month	Day	Year
<input type="radio"/> Jan.		
<input type="radio"/> Feb.		
<input type="radio"/> March	0 0	0 0
<input type="radio"/> April	1 1	1 1
<input type="radio"/> May	2 2	2 2
<input type="radio"/> June	3 3	3 3
<input type="radio"/> July	4 4	4 4
<input type="radio"/> Aug.	5 5	5 5
<input type="radio"/> Sept.	6 6	6 6
<input type="radio"/> Oct.	7 7	7 7
<input type="radio"/> Nov.	8 8	8 8
<input type="radio"/> Dec.	9 9	9 9

**8 TEST SELECTION**  
 SAE: For any SAE except German K-12 and Speech 6-12, enter the code from the Registration Bulletin. For German and Speech, indicate your subtest selection.

Exam Code

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

German K-12  
 Subtest 1  
 Subtest 2

Speech 6-12  
 Subtest 1  
 Subtest 2

PEEd Test

**GK**  
 Essay  
 Reading  
 ELS  
 Math

**FELE**  
 Subtest 1  
 Subtest 2  
 Subtest 3

**9 TEST DATE**

Month	Day	Year
<input type="radio"/> Jan.		
<input type="radio"/> Feb.		
<input type="radio"/> March	0 0	0 0
<input type="radio"/> April	1 1	1 1
<input type="radio"/> May	2 2	2 2
<input type="radio"/> June	3 3	3 3
<input type="radio"/> July	4 4	4 4
<input type="radio"/> Aug.	5 5	5 5
<input type="radio"/> Sept.	6 6	6 6
<input type="radio"/> Oct.	7 7	7 7
<input type="radio"/> Nov.	8 8	8 8
<input type="radio"/> Dec.	9 9	9 9

**10 TEST SITE**

1st Choice	2nd Choice
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

**11 SEND SCORE REPORT TO:**

**A District Code**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**B College Code**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**BACKGROUND QUESTIONS**

**12 HIGHEST DEGREE EARNED**  
 A  B  C  D

**13 LOCATION OF HIGHEST DEGREE**  
 A  B  C

**14 CERTIFIED IN FLORIDA**  
 Yes  No

**15 TEACHER PREPARATION PROGRAM**  
 Yes  No

**16 TEACHER PREPARATION LOCATION**  
 In-state  Out-of-state

**17A CURRENTLY TEACHING**  
 Yes  No

**17B DISTRICT CODE**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**18A STUDENT**  
 Yes  No

**18B COLLEGE CODE**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**19 FEES**  
 (Fill in the ovals that apply to you and enter the appropriate fees from the Registration Bulletin.)

**Test Fee**

One SAE and PEEd  
 GK Essay and PEEd  
 One SAE  
 PEEd only  
 GK only  
 FELE only

\$

Application Fee \$

Late Registration Charge required if your application will be received after the regular registration deadline \$

Supplemental Administration Charge required if you are registering for a Supplemental Administration + \$

Total \$

Fill in the ovals for the total fee. \$

**20 METHOD OF PAYMENT**  
 (Do not send cash.)

Money order or cashier's check  
 Credit card (enter your credit card information in section 21)  
 Personal check (accepted for regular administrations only; NOT accepted for Supplemental Administrations)

Make check or money order payable to: **Evaluation Systems.**  
 All payments must be made in U.S. dollars. Be sure your current address and telephone number appear on your payment. **DO NOT SEND CASH.**

To pay by credit card, begin at the far left and enter the credit card number. Do not include dashes or spaces between the numbers. Enter the expiration date. Your credit card account will be billed for all tests you have requested on this form.

**21 CREDIT CARD (MasterCard or VISA only)**

Credit Card Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Expiration Date

Month	Year		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Signature (Do not print.) \_\_\_\_\_

**22 STATEMENT AND SIGNATURE** (Please read the statement below.)

I hereby agree to the conditions set forth in the Registration Bulletin and certify that I am the person whose name and address appear on this registration application.

**UNSIGNED APPLICATIONS WILL BE RETURNED.**

Signature (Do not print.) \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY—Do not write in this space.**

AMT1	PT1	AMT2	PT2	SIG	L
0	0	0	0	<input type="radio"/>	<input type="radio"/>
1	1	1	1	<input type="radio"/>	<input type="radio"/>
2	2	2	2	<input type="radio"/>	<input type="radio"/>
3	3	3	3	<input type="radio"/>	<input type="radio"/>
4	4	4	4	<input type="radio"/>	<input type="radio"/>
5	5	5	5	<input type="radio"/>	<input type="radio"/>
6	6	6	6	<input type="radio"/>	<input type="radio"/>
7	7	7	7	<input type="radio"/>	<input type="radio"/>
8	8	8	8	<input type="radio"/>	<input type="radio"/>
9	9	9	9	<input type="radio"/>	<input type="radio"/>

LATE  M   
 ER  N   
 SRQD  O   
 EDIT  P   
 ACCOM  Q   
 ALTD  R   
 H  S   
 I  T   
 J  U   
 K  V