



**CG-10 APPLICATION FOR A  
FLORIDA EDUCATOR'S CERTIFICATE**

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

<b>Official Use Only</b>	<b>FLDOE Date Stamp</b>
PA <input type="text"/>	
PM <input type="radio"/> CK <input type="radio"/> CA <input type="radio"/> MO <input type="radio"/> VO	
PN <input type="text"/>	
AFF <input type="radio"/> Yes <input type="radio"/> No	

**PERSONAL INFORMATION: Complete entire Application in UPPERCASE letters using only black or blue ink.**

<b>1. Social Security Number</b> <input type="text"/> + <input type="text"/> <input type="text"/>	<b>2. Birth Date (MM / DD / YYYY)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>3. Are you a US Citizen?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>4. First Name</b> <input type="text"/>	<b>5. Middle Name</b> <input type="text"/>	
<b>6. Last Name</b> <input type="text"/>		
<b>7. Mailing Address</b> <input type="text"/> <input type="text"/>		
<b>8. City</b> <input type="text"/>		
<b>9. State</b> <input type="text"/>	<b>10. Zip Code</b> <input type="text"/> + <input type="text"/>	<b>11. Phone</b> <input type="text"/> + <input type="text"/>
<b>12. Country</b> <input type="text"/>		
<b>13. E-mail Address:</b> <input type="text"/> @ <input type="text"/>		

<b>14. What is your gender? (Optional)</b> <input type="radio"/> M <input type="radio"/> F
<b>15. Are you Hispanic or Latino?</b> (Optional, choose only one) <input type="radio"/> No, not Hispanic or Latino <input type="radio"/> Yes, Hispanic or Latino
<b>16. What is your race?</b> (Optional, mark all that apply) <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White

**CURRENT VALID FLORIDA EDUCATOR'S CERTIFICATE INFORMATION**

<b>Please select your currently valid Florida Certificate Type.</b> <input type="radio"/> Professional <input type="radio"/> Non-Renewable Temporary <input type="radio"/> Athletic Coaching <input type="radio"/> One-year Temporary <input type="radio"/> Select here if you do not hold a currently valid Florida Educator's Certificate.	<b>Please indicate the validity period of your Florida Certificate.</b> July 1, <input type="text"/> to June 30, <input type="text"/>
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**CERTIFICATE OR SERVICE REQUESTED: See Instructions for Assistance**

Please select the Certificate Service Requested. (Please select only one service per application)		
<input type="radio"/>	INITIAL	(Fill in subject code box below) \$75 per subject selected
<input type="radio"/>	ADDNEW	(Fill in subject code box below) \$75 per subject selected
<input type="radio"/>	PROCERT	(Fill in subject code box below) \$75 only
<input type="radio"/>	NEWPRO	(Fill in subject code box below) \$75 per subject selected
<input type="radio"/>	COACH	(Skip to next section) \$75 only
<input type="radio"/>	RETEMP	(Skip to next section) \$75 only
<input type="radio"/>	DELETE	(Fill in subject code box below) \$20 per subject selected
<input type="radio"/>	COPYCERT	(Skip to next section) \$20 only
<input type="radio"/>	NMCHANGE	(Skip to next section) \$20 only

**List the subject(s) for type of Certificate or Service Requested (Refer to Subject Area/Grade Level Chart)**

+  +

**ACADEMIC TRAINING: PLEASE NOTE ALL COLLEGES ATTENDED**

Name of College(s)/Branch Campus	State	Degree	Graduation Date	Major	Other Credits	
					Sem Hrs	Attendance Dates

NAME IF DIFFERENT WHEN ATTENDING \_\_\_\_\_ PRINT NAME (LAST, FIRST, MIDDLE)

**TEACHING EXPERIENCE RECORD (Substitute teaching experience is not appropriate.)**

**List Teaching Experience Since Last Florida Certification Application Submitted**

Dates of Employment (MM/DD/YYYY)		Name of Employer			Subject	Grade Level	Full-Time Part-Time	Public or Private School
Begin	End	School Name	County	State				

**NON-FLORIDA EDUCATOR CERTIFICATE / LICENSES: Include A Photocopy of Your Certificate(s) (Front-back) for Review**

Certificate Type	State/National	Subject And Grade Levels	Validity Period

**LEGAL DISCLOSURE**

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. The Affidavit section must be completed with your signature both times it occurs within the form, just below and at the end of the Legal Disclosure Supplement, for your application to be complete.

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the Constitution of the State of Florida.  
PRINT NAME

I do hereby affirm that all information provided in my application for a Florida Educator's Certificate 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 EDUCATION PRACTICES COMMISSION.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

..... **OFFICIAL USE ONLY** .....

**EMPLOYER DATE STAMP**

**Payment Included**

Amount	Method	Number
\$ _____	<input type="checkbox"/> CK <input type="checkbox"/> MO	_____



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PERSONAL INFORMATION

Complete in UPPERCASE letters using only black or blue ink.

Social Security Number

Grid for Social Security Number with two '+' signs in the 4th and 5th positions.

First Name

Grid for First Name (15 boxes).

Last Name

Grid for Last Name (25 boxes).

LEGAL DISCLOSURE (Florida Law requires you to provide a YES or NO response)

After answering each of the following questions, you must sign 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 OR EXPUNGED RECORDS (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 NO Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?
YES 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?
YES NO 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 Have you ever had any record sealed or expunged in which you entered into a pretrial diversion program or 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 Have you ever pled nolo contendere to a criminal offense?
YES NO 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 offense?
YES NO Are there currently charges pending against 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.

- YES NO Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
YES NO Have you ever been DENIED a professional license or certificate in this state or any other state even if the certificate or license was later issued with conditions or limitations?
YES NO Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
YES NO Have you ever surrendered, resigned, or relinquished a professional license or certificate in this state or any other state during or following an investigation into allegations of misconduct?
YES NO Have you ever had a professional license or professional certificate disciplined in this state or any other state by receiving a letter of reprimand, fine, probation or any other restriction or special conditions?
YES NO Do you have any current investigative action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?
YES NO Do you have any current disciplinary action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?

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 the reverse side of this page and submit it along with your application form.

## 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](http://www.myfloridateacher.com) for more information.

First Name	Middle Name	Last Name	Former Name	Any Other Last Names / Aliases

## SEALED OR EXPUNGED RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	Plea	Disposition (outcome)

## CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	Plea	Disposition (outcome)

## PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)

State: _____	Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____	
State: _____	Year: _____	License or Certificate: _____
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 section and supplement is true, accurate, and complete.

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\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE