



CG-10R APPLICATION FOR RENEWAL OR REINSTATEMENT OF A FLORIDA EDUCATOR'S PROFESSIONAL CERTIFICATE

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

Official Use Only	FLDOE Date Stamp
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.

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

14. What is your gender? (Optional) <input type="radio"/> M <input type="radio"/> F
15. Are you Hispanic or Latino? (Optional, choose only one) <input type="radio"/> No, not Hispanic or Latino <input type="radio"/> Yes, Hispanic or Latino
16. What is your race? (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

RENEWAL OR REINSTATEMENT REQUESTED

Service	Description of Service Requested	Fee
<input type="radio"/> RENEWAL	I want to apply for RENEWAL of my Florida Professional Certificate which has not yet expired.	\$75.00
<input type="radio"/> LATE RENEWAL	I want to apply for LATE RENEWAL of my Florida Professional Certificate which has recently expired (not more than one year).	\$105.00 (\$75 plus \$30 Late Fee)
<input type="radio"/> REINSTATEMENT	I want to apply for REINSTATEMENT of my expired Florida Professional Certificate.	\$75.00

SUBJECTS RENEWED OR REINSTATED

List Subject(s) shown on your Professional Certificate that are to be Renewed or Reinstated

Subject(s) To Be Renewed or Reinstated	Method of Renewal				
	College Credit		Florida Inservice Credit Number of Points	FL Subject Area Test	NBPTS Certificate
	Course Number	Name of Institution			

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

List Teaching Experience Since Last Certificate Issued

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				

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
PRINT NAME

the Constitution of the United States of America and the Constitution of the State of Florida.

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**

INSERVICE CREDIT

Inservice Credit Completed Through an Approved Florida Master Inservice Program

Name of District or School Organization: _____

I hereby verify that the applicant satisfactorily participated in an approved Florida Master Inservice Program and earned _____ points to renew the subjects shown on preceding page.

Starting Date: ____/____/____
MM DD YYYY

Ending Date: ____/____/____
MM DD YYYY

Includes "Banked" Inservice Points
 (CHECK HERE)

SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL

POSITION

DATE

EMPLOYER DATE STAMP

Payment Included

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

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	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