


# CG-10D, Online Educator Certification Application-District Version

Rule 6A-4.0012, F.A.C.  
Effective November 2017

## CG-10 D, Online Educator Certification Application- District Version



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### Online Licensing Service

#### Returning User

\* \* \* are required.


\*User ID:

\*Password:


[Forgot password?](#) [Forgot user ID?](#)

#### New User

[Begin Here For Sign-up](#)




You must create an online account even if you already use e-services. Your online account is separate from your e-Services account.



#### Sign-up and manage your licenses


Welcome to online licensing System. If you are a new user please sign up using the link to the left or if you are an existing user sign in using your credentials.

Use of this system constitutes consent to monitoring, interception, recording, reading, copying or capturing by authorized personnel of all activities. There is no right to privacy in this system. Unauthorized use of this system is prohibited and subject to criminal and civil penalties.

 Secure System

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#### Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

#### License Information

[Show Details](#)

License Number:

License Type: **5 Year Renewable Professional**

■ It is time to Renew!

5 Year Renewable Professional

■ Manage your license information

5 Year Renewable Professional

Choose Application

[Addition of Endorsement via District Application](#)

[Addition of Subject to Educator Professional Certificate](#)

[Addition of Subject via District Application](#)

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[Request Address Change](#)

[Request Copy of Certificate Application](#)

[Request Name Change](#)

■ Start a New Application

What are you applying for?

<Select Board>

Choose Application

■ View Application Status and Submit Attachments of Supporting Documents

Bureau of Educator Certification - Renewal Application Status: Open

■ Additional Activities


Authorized Representative

View Documents

Add Licenses To Registration

View Exam Results

## a. Renewal Application (pages 3-14)



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5 Year Renewable Professional License

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### Renewal Application - Introduction

**Welcome to the Florida On-line Application for Teacher Certification!**

This application is for those individuals who are applying to renew their Professional Certificate. You may only submit this renewal application during the last year of the validity period of the Professional Certificate. Renewal requirements must be completed during the validity period of the Professional Certificate being renewed and prior to the expiration of this certificate.

Please click [here](#) to locate the current requirements for renewal of your Professional Certificate.

If you hold an educator certificate from the National Board for Professional Teaching Standards (NBPTS), you may attach a copy of the front and back of the certificate to your file.

Please complete the application by entering your information and following the "Next" buttons through each of the application sections.

- Complete the Legal Disclosure Affidavit section and verify the information is correct.
- Authorize payment of non-refundable application processing fees. If you are employed in a Florida public or charter school: You must authorize payment of the non-refundable application processing fees using the established payment procedures of your employing school district. Please contact your employing district for guidance on how to submit payment to complete your application.

If you are not currently employed in a Florida public or charter school: You must authorize payment of the non-refundable application processing fees using your Visa or MasterCard credit card in order to submit your online application to the Bureau of Educator Certification.

- Submit additional documentation as directed in the "File Attachments" section, including any other educator certificates.

**Your application cannot be evaluated until it is complete and received in the Bureau of Educator Certification. A complete application includes submission of the appropriate non-refundable fees. Once completed, all applications are processed in date order and you will be notified in writing of your application status within 30 days of receiving your completed application.**


**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 is subject to criminal prosecution as well as disciplinary action by the Education Practices Commission. If you are employed in a Florida public or charter school and have certification questions or questions regarding the processing of your application, please contact your employing school district. If you are not currently employed in a Florida public or charter school, please contact the Florida Department of Education by clicking this [link](#).

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

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Cancel

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### Renewal Application - Function Suitability

Your answers to this preliminary questionnaire are not a part of your application to be reviewed by the Department of Education. Answer the questions and press "Next".


Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Has your Professional Certificate expired?	<input type="radio"/> Yes <input type="radio"/> No
Do you hold a valid educator certificate from another state?	<input type="radio"/> Yes <input type="radio"/> No
Did you complete all renewal requirements prior to the expiration of this certificate?	<input type="radio"/> Yes <input type="radio"/> No

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Renewal Application - Name and Personal Details
 

- First, middle, and last name: If you have had a legal name change, please attach documentation through the "File Attachments" section.
- Social Security Number: See SSN Statement below (Please enter your valid Social Security Number or your Federal Employer Identification Number (FEIN))
- Birth Date: Date should be filled out in MMDDYYYY format.

SSN Statement:
 

Collection of your Social Security Number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of promoting the public policy of Florida relating to child support. Your SSN is used by the Department as a unique identifier for maintaining your certification and related personnel records as required under the same statute. Your SSN may be disclosed to the Department of Revenue, as authorized under §1012.21, Florida Statutes, as Florida's agency for administration of the Title IV-D program of the federal Social Security Act for child support enforcement. Failure to provide your SSN to Educator Certification will prevent issuance of your Florida Educator's Certificate.

Enter your personal details and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Title:
 

First Name:

Middle Name:

Last Name:

Suffix:

U.S. SSN or FEIN:


Birthdate:
 
 (mm/dd/yyyy)

Gender:
 

Male

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Renewal Application - Contact Information
 

The following address types are mandatory. Please add these in order to continue.

- Mailing Address: This is the address to which all official correspondence will be mailed from our office.
- Email Address: This email address as required by Florida Statute 1012-561, FS will be used for official communication to you from the Florida Bureau of Educator Certification. Please ensure that your email account recognizes fldoe.org as an approved sender, and that our emails are not filtered as spam or junk mail by your email service provider (do we need space for alternate email address)
- Country: If your address is outside the U.S, please choose the country from the drop-down list.

Press "Add" to add an optional address.
 

Answer the questions and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Main Address
 

Street Number:

Address:

Zip Code:

City:
 

OCOE

State:
 

Florida

County:
 

ORANGE

Country:
 

United States

Phone Number:
 
 (999) 999-9999

Extension:

E-mail:


Add Another Contact
 

Contact Type:

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Renewal Application - Remove Subject(s)  
 Press Back to return to the previous screen  
 The records below display all of your existing issued subjects  
 You may request the removal of any of the subjects below that have a check box next to them
 

Subject	Rank	Status	Effective Date	Expiry Date	Request for deletion?
1035/6 - Music Grades K-12	5 Year Renewable Professional	Issued	07/01/2013	06/30/2018	<input type="checkbox"/>

Uncheck All
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Renewal Application - Application Questions  
 Answer the questions and press "Next" to continue.  
 Press "Previous" to return to the previous section.  
 Press "Cancel" to cancel this application and return to the main menu.  
 Do you hold a valid National Board for Professional Teaching Standards (NBPTS) Certificate?
 

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Renewal Application - College Teaching Experience
 

Add Another Record - College Teaching Experience
 Add

**College Teaching Experience**

If you have teaching experience at the college level and meet the criteria below, it may be to your advantage to submit a letter on college/university letterhead from the dean or registrar that includes the following information regarding your college teaching experience. Once this information has been reviewed, you will then be advised in writing of any change in your certification status.

- \* Institution:
 

Verification must indicate that you taught for at least two semesters as a full-time instructional employee, OR that your part-time teaching experience is equivalent to at least two semesters of full-time instructional employment
 

☐ Full Time
 ☐ Part Time
- \* Semester Hours


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Add Another Record - Academic Training
 Add

**Academic Training**

Record each college and university separately using the complete name of the institution. Submit official transcripts from all institutions from which you have earned a degree or completed isolated coursework.

Name of College/University:
 UNIVERSITY OF CENTRAL FLORIDA-ORLANDO-FL

- \* Institution:
- \* Degree Sought or Earned:
 

Bachelor's
- \* Did you Receive a Degree from this Institution? (Yes or No)
 

☒ Yes
 ☐ No

If your answer is **Yes**, complete the following:

Major:
 MUSIC

Graduation Date: Month/Year
 12/15/2003 (mm/dd/yyyy)

City/Branch Campus:
 ORLANDO

- \* State and/or Country:
 

Florida


Last Name while Attending School/College:

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Renewal Application - Legal Disclosure
 

Legal Disclosure Response
 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.
 For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.
 SEALAED OR EXPUNGED RECORD(S)
 Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?
 Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?
 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?
 Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?
 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?
 Do you have a petition pending to seal or expunge any criminal offense record?
 CRIMINAL OFFENSE RECORD(S)
 Have you ever been convicted of a criminal offense?
 Have you ever been found guilty of a criminal offense?
 Have you ever had adjudication withheld on a criminal offense?
 Have you ever pled nolo contendere to a criminal offense?
 Have you ever pled guilty to a criminal offense?
 Have you ever entered into a pretrial diversion program or deferred prosecution program related to a criminal offense?
 Are there currently charges pending against you for any criminal offense?
 PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)
 Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
 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?
 Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
 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?
 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 condition?
 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?
 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?
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Renewal Application - Affidavit

Affidavit

Legal Disclosure Affidavit

I do hereby affirm that all information provided in this Legal Disclosure section and supplement to my application for a Florida Educator's Certificate is true, accurate, and complete.
 

☐ Yes
 ☐ No

**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.**

Application Affidavits

Oath Affidavit

Under penalty of perjury, I do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United State of America and the Constitution of the State of Florida.
 

☐ Yes
 ☐ No

**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.**

Payment Affidavit


I agree to pay the Non-Refundable Application Processing Fee. You must authorize payment using your VISA or MASTERCARD for the non-refundable application processing fees in order to submit your online application to the Bureau of Educator Certification.
 

☐ Yes
 ☐ No

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Renewal Application - Sealed & Expunged

Add Another Record - Sealed & Expunged [Add](#)

Sealed & Expunged

\* City Where Arrested:

\* State:

\* Date of Arrest:
 

(mm/dd/yyyy)

\* Charge:


\* Plea:

\* Disposition (Outcome):

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Renewal Application - Criminal Offense  
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**Criminal Offense**

- \* City Where Arrested:
- \* State:
- \* Date of Arrest:
- \* Charge:
- \* Plea:
- \* Disposition (Outcome):

**Remove**

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Renewal Application - Professional Sanction  
 Add Another Record - Professional Sanctions **Add**  


**Professional Sanctions**

- \* State:
- \* Date of Allegation:
- \* License/Certificate:
- \* Issuing Agency:
- \* Disposition (Outcome):

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 Add
 US Citizenship
 Please indicate if you are a citizen of the United States.
 Are you a U.S. Citizen?
 Yes No
 An applicant who is not a United States citizen may apply for the Statement of Status of Eligibility. However, appropriate immigration status must be established through the United States Citizenship and Immigration Services (USCIS) prior to employment.
 Work Authorized:
 Yes No
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Renewal Application - Race & Ethnicity
 Race and Ethnicity
 What is your race/ethnicity? This section is optional.
 Are you Hispanic or Latino? (choose only one)
 Yes No
 Optional, mark all that apply
 Are you American Indian or Alaskan Native?
 Yes No
 Are you Asian?
 Yes No
 Are you black or African American?
 Yes No
 Are you Native Hawaiian or Pacific Islander?
 Yes No
 Are you white or Caucasian?
 Yes No
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Renewal Application - ACTFL Record  
  
 Add Another Record - American Council Teaching of Foreign Languages [Add](#)  
  
**American Council Teaching of Foreign Languages**  
 If you have taken the ACTFL examination, please submit official documentation of scores earned above the intermediate level on both the ACTFL oral proficiency interview and the written proficiency test in this world language earned no more than ten (10) years prior to the date of application. Contact Language Testing International ([www.language-testing.com](http://www.language-testing.com)), the official ACTFL test administrator, to determine if both tests are offered for this world language.  
  
 \* Language Area:   
  
 Date OPI was taken/completed?  (mm/dd/yyyy)  
  
 Please submit official documentation of score earned above the intermediate level on the ACTFL oral proficiency interview in this world language earned no more than ten (10) years prior to the date of application.   
  
 Contact Language Testing International ([www.language-testing.com](http://www.language-testing.com)), the official ACTFL test administrator, to determine if the test is offered for this world language  
  
 Date WPT was taken/completed?  (mm/dd/yyyy)  
  
 Please submit official documentation of score earned above the intermediate level on the ACTFL written proficiency test in this world language earned no more than ten (10) years prior to the date of application.   
  
 Contact Language Testing International ([www.language-testing.com](http://www.language-testing.com)), the official ACTFL test administrator, to determine if the test is offered for this world language  
  
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 Add Another Record - Defense Language Proficiency Test [Add](#)  
  
**Defense Language Proficiency Test**  
 If you have taken the DLPT examination, please submit official documentation of scores earned above a 2 on both the DLPT reading and listening tests in this world language earned no more than ten (10) years prior to the date of application.  
  
 \* Language Area:   
  
 What is the DLPT examination date?  (mm/dd/yyyy)  
  
 What is your DLPT examination score?   
  
 LIS Prof Level:   
  
 RDG Exam Date:  (mm/dd/yyyy)  
  
 RDG Exam Score:   
  
 RDG Prof Level:   
  
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Renewal Application - GRE Test Score
 


Add Another Record - GRE General Test Scores
 Add

GRE General Test Scores
 

\* Date of the GRE Test:
  (mm/dd/yyyy)
 Verbal Reasoning Scaled Score:
 
 \* Verbal Reasoning Result:
 
 \* QR Test Date:
  (mm/dd/yyyy)
 \* Quantitative Reasoning Result:
 
 Quantitative Reasoning Scaled Score:
 
 \* AR Test Date:
  (mm/dd/yyyy)
 \* Analytical Reasoning Scaled Score:
 
 Analytical Reasoning Result:
 
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Renewal Application - Renewal Credit
 


Add Another Record - Renewal Credits
 Add

Renewal Credits
 Please add renewal credits for each subject you wish to renew. You may select Add to record more credits.
 

\* Subject(s) to be renewed:
 
 \* Renewal Method (College Credit, Florida Inservice Credit # of Points, Florida Subject Area Examination, NBPTS Certificate [Y or N]):
 
 Includes "banked" Inservice Points:

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Add Another Record - Renewal Credits - SWD
 Add

Renewal Credits - SWD


Please add any available SWD credits. You may select Add to record more credits.

Do you have any available SWD Credit (s)?
 Yes - Current Credit
 Yes - Banked Credit
 No - I have not yet obtained credits

Includes "banked" Inservice Points
 Yes
 No

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Renewal Credit - SWD

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Renewal Application - District Affiliation

If you are affiliated or employed with a district, please complete the following section. If you do not know the district number, you may click [here](#) to see a list of all districts and their number in parentheses.  
 If you are not employed by a district, please use 100  
 Press "Add" to add a related license.  
 Press "Delete" to delete a related license.  
 Press "Previous" to return to the previous section.  
 Press "Next" when finished adding/changing the related licenses.  
 Press "Cancel" to cancel this application and return to the main menu.

District Affiliation

Relation Name: District Affiliation (Required: Y )

Your Role: Individual


Other Party Role: District
 

ORANGE  
 District - 48  
 Registered

[Delete Relation](#)

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### Renewal Application - Attachments

**Application Attachments**  
 If you hold a valid standard certificate issued by a state other than Florida, a National Board for Professional Teaching Standards (NBPTS) certificate or an American Board for Certification of Teacher Excellence (ABCTE) certificate, please attach a copy for review.


If you would like to add any of the following documents to your certification file, you may attach a copy: college teaching experience verification letter, Guidance and Counseling practicum verification letter, CPR card, medical or military extension request letters, DD214 form, or DS2019 form.  
 Each document should be submitted as a separate attachment and clearly labeled as to its contents.  
 Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.  
 Press "Next" when there are no more files to attach.  
 Press "Previous" to return to the previous screen.  
 Press "Cancel" to cancel this application and return to the main menu.

File Name:  Browse...

Notes:

Attach Previous Next Cancel

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### Renewal Application - Application Summary

Review the data and press "Submit" to submit this application.  
 Press "Previous" to return to the previous section.  
 Press "Cancel" to cancel this application and return to the main menu.

**Application Details**

License Type: 5 Year Renewable Professional  
 Application Date: 09/20/2017

**Application Questions**

Edit

**Personal Details**

Full Name: [REDACTED] Edit  
 Professional Qualifier:  
 Social Security Number: [REDACTED]  
 Birthdate: [REDACTED] Gender: Male Race: Hispanic


**General Addresses**

Main Address: [REDACTED] Edit  
 OCOEE, Florida  
 ORANGE  
 34761  
 US  
 Phone Number: [REDACTED]  
 E-mail: [REDACTED]

**Academic Training**

Name of College/University: UNIVERSITY OF CENTRAL FLORIDA-ORLANDO-FL Edit

## b. Addition of Subject via District Application (pages 15-22)


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**Introduction**

Addition of Subject via District Application - Introduction

**Welcome to the Florida On-line Application for Teacher Certification!**

This application is for those individuals who are employed in a Florida public or charter school who are applying to add a subject(s) to their currently valid Professional Certificate using an appropriate passing score on a Florida subject area exam.

Please complete the application by entering your information and following the "Next" buttons through each of the application sections.

- Complete the Legal Disclosure Affidavit section and verify that the information is correct.
- Submit additional documentation as directed in the "File Attachments" section, including any other educator certificates.

**Your application cannot be evaluated until it is complete. You must authorize payment of non-refundable application processing fees using the established payment procedures of your employing school district. Please contact your employing district for guidance on how to submit payment to complete your application.**

**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 is subject to criminal prosecution as well as disciplinary action by the Education Practices Commission. For certification questions or questions regarding the processing of your application, please contact the Florida Department of Education by clicking this [link](#).


Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

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**Introduction**

Addition of Subject via District Application - Function Suitability

Your answers to this preliminary questionnaire are not a part of your application to be reviewed by the Department of Education. Answer the questions and press "Next".

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.


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Question	Answer
Are you applying to add a subject to your Professional Certificate using an official American Council on the Teaching of Foreign Languages (ACTFL) proficiency exam or an official Defense Language Proficiency Test (DLPT)?	<input type="radio"/> Yes <input type="radio"/> No
Are you applying to add a subject to your Professional Certificate that requires a specific major or graduate degree?	<input type="radio"/> Yes <input type="radio"/> No

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### Addition of Subject via District Application - Name and Personal Details

- First, middle, and last name: If you have had a legal name change, please attach documentation through the "File Attachments" section.
- Social Security Number: See SSN Statement below (Please enter your valid Social Security Number or your Federal Employer Identification Number (FEIN))
- Birth Date: Date should be filled out in MMDDYYYY format.

**SSN Statement:**

Collection of your Social Security Number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of promoting the public policy of Florida relating to child support. Your SSN is used by the Department as a unique identifier for maintaining your certification and related personnel records as required under the same statute. Your SSN may be disclosed to the Department of Revenue, as authorized under §1012.21, Florida Statutes, as Florida's agency for administration of the Title IV-D program of the federal Social Security Act for child support enforcement. Failure to provide your SSN to Educator Certification will prevent issuance of your Florida Educator's Certificate.

Enter your personal details and press "Next" to continue.


Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Title:   
 First Name: [REDACTED]  
 Middle Name:   
 Last Name: [REDACTED]  
 Suffix:   
 U.S. SSN or FEIN: [REDACTED]  
 Birthdate: [REDACTED] (mm/dd/yyyy)  
 \* Gender: Male

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### Addition of Subject via District Application - Contact Information

The following address types are mandatory. Please add these in order to continue.

- Mailing Address: This is the address to which all official correspondence will be mailed from our office.
- Email Address: This email address as required by Florida Statute 1012-561. PS will be used for official communication to you from the Florida Bureau of Educator Certification. Please ensure that your email account recognizes fldoe.org as an approved sender, and that our emails are not filtered as spam or junk mail by your email service provider (do we need space for alternate email address)
- Country: If your address is outside the U.S, please choose the country from the drop-down list.

Press "Add" to add an optional address.

Answer the questions and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.


Main Address
 

Street Number:   
 \* Address: [REDACTED]  
  
  
 \* Zip Code: 34761  
 \* City: OCOE  
 \* State: Florida  
 \* County: ORANGE  
 Country: United States  
 Phone Number: [REDACTED] (999) 999-9999  
 Extension:   
 \* E-mail:

Add Another Contact  
 Contact Type:  Add

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Addition of Subject via District Application - Subject(s)
 

Press "Previous" to return to the previous screen

The records below display all of your existing issued subjects

Additionally, if available, you may add new subjects in the "Add New Subjects" section below

**Existing Subject(s)**

Subject	Rank	Status	Effective Date	Expiry Date
1035/6 - Music Grades K-12	5 Year Renewable Professional	Issued	07/01/2013	06/30/2018


**Add New Subject(s)**

Use the section below to request the addition of subjects to your certificate. Click [here](#) for a full list of all subjects that may be applied.

Subject Type
 
 Subject
 
 Add

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Addition of Subject via District Application - Legal Disclosure
 

**Legal Disclosure Response**

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.


For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

**SEALED OR EXPUNGED RECORD(S)**

- 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? ☐ Yes ☐ No

**CRIMINAL OFFENSE RECORD(S)**

- 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



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Affidavit

Legal Disclosure Affidavit

I do hereby affirm that all information provided in this Legal Disclosure section and supplement to my application for a Florida Educator's Certificate is true, accurate, and complete.

\* ☐ Yes ☐ No

**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.**

Application Affidavits

Oath Affidavit

Under penalty of perjury, I do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United State of America and the Constitution of the State of Florida.

\* ☐ Yes ☐ No

**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.**

Payment Affidavit


I agree to pay the Non-Refundable Application Processing Fee. You must authorize payment using your VISA or MASTERCARD for the non-refundable application processing fees in order to submit your online application to the Bureau of Educator Certification.

\* ☐ Yes ☐ No

**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.**

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Add Another Record - Sealed & Expunged Add

**Sealed & Expunged**

\* City Where Arrested:

\* State:

\* Date of Arrest:  (mm/dd/yyyy)

\* Charge:

\* Plea:

\* Disposition (Outcome): 


^

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Add Another Record - Criminal Offense Add

**Criminal Offense**

\* City Where Arrested:

\* State:

\* Date of Arrest:  ⓘ

\* Charge:

\* Plea:

\* Disposition (Outcome): 


^

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Professional Sanctions
 

\* State:

\* Date of Allegation:

\* License/Certificate:


\* Issuing Agency:

\* Disposition (Outcome):

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 Add

US Citizenship
 Please indicate if you are a citizen of the United States.
 

\* Are you a U.S. Citizen?
 

☐ Yes
☒ No

An applicant who is not a United States citizen may apply for the Statement of Status of Eligibility. However, appropriate immigration status must be established through the United States Citizenship and Immigration Services (USCIS) prior to employment.

Work Authorized:
 


☒ Yes
☐ No

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Rule 6A-4.0012 – Application Information

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Addition of Subject via District Application - Race & Ethnicity
 

**Race and Ethnicity**

What is your race/ethnicity? This section is optional.

Are you Hispanic or Latino? (choose only one) ☐ Yes ☐ No

Optional, mark all that apply

Are you American Indian or Alaskan Native? ☐ Yes ☐ No

Are you Asian? ☐ Yes ☐ No


Are you black or African American? ☐ Yes ☐ No

Are you Native Hawaiian or Pacific Islander? ☐ Yes ☐ No

Are you white or Caucasian? ☐ Yes ☐ No

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If you are affiliated or employed with a district, please complete the following section. If you do not know the district number, you may click [here](#) to see a list of all districts and their number in parentheses.

If you are not employed by a district, please use 100

Press "Add" to add a related license.

Press "Delete" to delete a related license.

Press "Previous" to return to the previous section.

Press "Next" when finished adding/changing the related licenses.


Press "Cancel" to cancel this application and return to the main menu.

**District Affiliation**

Relation Name:	District Affiliation	(Required: Y )
Your Role:	Individual	
Other Party Role:	District	
	ORANGE	
	District - 48	
	Registered	

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### Addition of Subject via District Application - Attachments

**Application Attachments**

If you hold a valid standard certificate issued by a state other than Florida, a National Board for Professional Teaching Standards (NBPTS) certificate or an American Board for Certification of Teacher Excellence (ABCTE) certificate, please attach a copy for review.

If you would like to add any of the following documents to your certification file, you may attach a copy: college teaching experience verification letter, Guidance and Counseling practicum verification letter, CPR card, medical or military extension request letters, DD214 form, or DS2019 form.

Each document should be submitted as a separate attachment and clearly labeled as to its contents.

Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.


Press "Cancel" to cancel this application and return to the main menu.

File Name:  [Browse...](#)

Notes:

[Attach](#)
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### Addition of Subject via District Application - Application Summary

Review the data and press "Submit" to submit this application.

Press "Previous" to the return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

**Application Details**

License Type: 5 Year Renewable Professional  
 Application Date: 09/20/2017

**Personal Details**

Full Name:  [Edit](#)  
 Professional Qualifier:   
 Social Security Number:   
 Birthdate:  Gender: Male Race: Hispanic

**General Addresses**

Main Address  [Edit](#)  
 OCOEE  
 ORANGE  
 34761  
 US  
 Phone Number:

**Legal Disclosure Response**

Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?  
 Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?  
 Have you ever had any record sealed or expunged in which you had adjudication withheld on a criminal of offense?  
 Have you ever had any record sealed or expunged in

**c. Addition of Endorsement Via District (similar tabs application to b as indicated below.; includes screens that are different) (pages 23-24)**

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**Addition of Endorsement via District Application - Introduction**

Welcome to the Florida On-line Application for Teacher Certification!

This application is for those individuals who are employed in a Florida public or charter school who are applying to add an endorsement(s) to their currently valid Professional Certificate using a Florida approved District Add-on Program.

Please complete the application by entering your information and following the "Next" buttons through each of the application sections.

- Complete the Legal Disclosure Affidavit section and verify that the information is correct.
- Submit additional documentation as directed in the "File Attachments" section, including any other educator certificates.

Your application cannot be evaluated until it is complete. You must authorize payment of non-refundable application processing fees using the established payment procedures of your employing school district. Please contact your employing district for guidance on how to submit payment to complete your application.

**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 is subject to criminal prosecution as well as disciplinary action by the Education Practices Commission. For certification questions or questions regarding the processing of your application, please contact the Florida Department of Education by clicking this [link](#).

Press "Next" to continue.  
Press "Cancel" to cancel this application and return to the main menu.

[Next](#) [Cancel](#)

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**Addition of Endorsement via District Application - Function Suitability**

Your answers to this preliminary questionnaire are not a part of your application to be reviewed by the Department of Education.


Answer the questions and press "Next".

Press "Previous" to return to the previous section.  
Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Are you applying to add an endorsement to your Professional Certificate using college level coursework?	<input type="radio"/> Yes <input type="radio"/> No

[Previous](#) [Next](#) [Cancel](#)

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### Addition of Endorsement via District Application - Application Questions

Answer the questions and press "Next" to continue.

Press "Previous" to return to the previous section.


Press "Cancel" to cancel this application and return to the main menu.

Are you applying for Athletic Coaching Endorsement?	<input type="checkbox"/>
Are you applying for English for Speakers of Other Languages (ESOL) Endorsement?	<input type="checkbox"/>
Are you applying for Reading Endorsement?	<input type="checkbox"/>
Are you applying for Drivers Education Endorsement?	<input type="checkbox"/>
Are you applying for Gifted Endorsement?	<input type="checkbox"/>
Are you applying for Autism Spectrum Disorders Endorsement?	<input type="checkbox"/>

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#### d. Request Name Change Application (pages 24-30)



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### Request Name Change - Introduction

**Welcome to the Florida On-line Application for Teacher Certification!**

This application is for those individuals who have changed their name and would like to request a printed copy of a valid Educator Certificate in their new name. Please note that we do not issue printed copies of expired Educator Certificates.

Please complete the application by entering your information and following the "Next" buttons through each of the application sections.

- Complete the Legal Disclosure Affidavit section and verify the information is correct.
- Authorize payment of non-refundable application processing fees using your Visa or MasterCard credit card.
- Submit additional documentation as directed in the "File Attachments" section, including any other educator certificates.

Your application cannot be evaluated until it is complete and received in the Bureau of Educator Certification. A complete application includes submission of the appropriate non-refundable fees. Once completed, all applications are processed in date order and you will be notified in writing of your application status within 30 days of receiving your completed application.


**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 is subject to criminal prosecution as well as disciplinary action by the Education Practices Commission. For certification questions or questions regarding the processing of your application, please contact the Florida Department of Education by clicking this [link](#).

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Next
 Cancel

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Request Name Change - Function Suitability
 

Your answers to this preliminary questionnaire are not a part of your application to be reviewed by the Department of Education. Answer the questions and press "Next".


Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Do you hold a currently valid Educator Certificate?	<input type="radio"/> Yes <input type="radio"/> No

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Request Name Change - Name and Personal Details
 

- First, middle, and last name: If you have had a legal name change, please attach documentation through the "File Attachments" section.
- Social Security Number: See SSN Statement below (Please enter your valid Social Security Number or your Federal Employer Identification Number (FEIN))
- Birth Date: Date should be filled out in MMDDYYYY format.

SSN Statement:

Collection of your Social Security Number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of promoting the public policy of Florida relating to child support. Your SSN is used by the Department as a unique identifier for maintaining your certification and related personnel records as required under the same statute. Your SSN may be disclosed to the Department of Revenue, as authorized under §1012.21, Florida Statutes, as Florida's agency for administration of the Title IV-D program of the federal Social Security Act for child support enforcement. Failure to provide your SSN to Educator Certification will prevent issuance of your Florida Educator's Certificate.

Enter your personal details and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Title:
 


\* First Name:
 Middle Name:
 \* Last Name:
 Suffix:
 U.S. SSN or FEIN:
 Birthdate:
 \* Gender:

Name(s) Previously Known By
 

First Name:
 Middle Name:
 Last Name:

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Request Name Change - Legal Disclosure

Legal Disclosure Response

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.

For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

SEALED OR EXPUNGED RECORD(S)

Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?

Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?

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?

Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?

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?

Do you have a petition pending to seal or expunge any criminal offense record?

CRIMINAL OFFENSE RECORD(S)

Have you ever been convicted of a criminal offense?

Have you ever been found guilty of a criminal offense?

Have you ever had adjudication withheld on a criminal offense?

Have you ever pled nolo contendere to a criminal offense?

Have you ever pled guilty to a criminal offense?

Have you ever entered into a pretrial diversion program or deferred prosecution program related to a criminal offense?

Are there currently charges pending against you for any criminal offense?

PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)

Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?

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?

Have you ever had a professional license or certificate suspended or revoked in this state or any other state?

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?


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 condition?

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?

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?

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**Affidavit**

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Request Name Change - Affidavit

Affidavit

Legal Disclosure Affidavit

I do hereby affirm that all information provided in this Legal Disclosure section and supplement to my application for a Florida Educator's Certificate is true, accurate, and complete.
 

☐ Yes
 ☐ No

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.

Application Affidavits

Oath Affidavit

Under penalty of perjury, I do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United State of America and the Constitution of the State of Florida.
 

☐ Yes
 ☐ No

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.

Payment Affidavit


I agree to pay the Non-Refundable Application Processing Fee. You must authorize payment using your VISA or MASTERCARD for the non-refundable application processing fees in order to submit your online application to the Bureau of Educator Certification.
 

☐ Yes
 ☐ No

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.

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**Criminal Offense**

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Request Name Change - Criminal Offense

Add Another Record - Criminal Offense
 [Add](#)

Criminal Offense

City Where Arrested:

State:

Date of Arrest:

Charge:


Plea:

Disposition (Outcome):

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Request Name Change - Professional Sanctions
 

Add Another Record - Professional Sanctions
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Professional Sanctions
 

\* State:

\* Date of Allegation:

\* License/Certificate:

\* Issuing Agency:

\* Disposition (Outcome):


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Request Name Change - US Citizenship
 

Add Another Record - US Citizenship
 Add

US Citizenship
 

Please indicate if you are a citizen of the United States.
 

\* Are you a U.S. Citizen?
 

Yes
 No

An applicant who is not a United States citizen may apply for the Statement of Status of Eligibility. However, appropriate immigration status must be established through the United States Citizenship and Immigration Services (USCIS) prior to employment.
 

Work Authorized:
 Yes
 No

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Rule 6A-4.0012 – Application Information

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Request Name Change - Race and Ethnicity
 

Race and Ethnicity
 

What is your race/ethnicity? This section is optional.

Are you Hispanic or Latino? (choose only one) ☐ Yes ☐ No

Optional, mark all that apply

Are you American Indian or Alaskan Native? ☐ Yes ☐ No

Are you Asian? ☐ Yes ☐ No


Are you black or African American? ☐ Yes ☐ No

Are you Native Hawaiian or Pacific Islander? ☐ Yes ☐ No

Are you white or Caucasian? ☐ Yes ☐ No

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Name Change Attachments
 

In order to complete your request, you must submit a form of government issued identification. This could include a U.S. birth certificate, U.S. passport, Certificate of Naturalization, Certificate of Citizenship, a copy of marriage license or a divorce decree showing your name change. Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

File Name:
 

Browse...

Notes:

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Request Name Change - Application Summary

Review the data and press "Submit" to submit this application.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Application  
Details

License Type: 5 Year Renewable Professional  
Application Date: 09/20/2017

Personal Details

Full Name:   
Social Security Number:   
Birthdate:  Gender: Male

[Edit](#)

General  
Addresses

Main Address:   
OCOE, Florida  
ORANGE  
34761  
US  
Phone Number:   
E-mail:

[Edit](#)

Legal Disclosure  
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[Edit](#)

Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?  
Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?  
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?  
Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?  
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?  
Do you have a petition pending to seal or expunge any criminal offense record?  
Have you ever been convicted of a criminal offense?  
Have you ever been found guilty of a criminal offense?

**e. Request Copy of Certificate Application (similar application to d.; includes screen that is different)**

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**Request Copy of Certificate Application - Introduction**

**Welcome to the Florida On-line Application for Teacher Certification!**

This application is for those individuals who would like to request a printed copy of a valid Educator Certificate. Please note that we do not issue printed copies of expired Educator Certificates.

Please complete the application by entering your information and following the "Next" buttons through each of the application sections.

- Complete the Legal Disclosure Affidavit section and verify the information is correct.
- Authorize payment of non-refundable application processing fees using your Visa or MasterCard credit card.
- Submit additional documentation as directed in the "File Attachments" section, including any other educator certificates.

Your application cannot be evaluated until it is complete and received in the Bureau of Educator Certification. A complete application includes submission of the appropriate non-refundable fees. Once completed, all applications are processed in date order and you will be notified in writing of your application status within 30 days of receiving your completed application.

**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 is subject to criminal prosecution as well as disciplinary action by the Education Practices Commission. For certification questions or questions regarding the processing of your application, please contact the Florida Department of Education by clicking this [link](#).

Press "Next" to continue.  
Press "Cancel" to cancel this application and return to the main menu.

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