## **FORM FCAPEA-05**

## Florida Career and Professional Education Act Testing Violation Report

Per Rule 6A-6.0573, testi business days.	ng violations must be report	ed to the Florida Departmo	ent of Education within five (5)	
Date of Incident:	Date of Report:	Report filed	Report filed by:	
School at which the incident took place:		Number of students tested:		
Room Number:				
List the name, title and co at the time of the incident		aff member (e.g. proctors,	monitors, instructors) present	
Name	Title of Course taught	DOE Certificate #	Email address	
List the certification name	es and codes for all tests adr	ministered during this incid	lent.	
List the course(s) the students are enrolled in to obtain the certification(s) listed above.				
Being specific, describe what happened.				
•	members present at the tim	•	tration procedures. Please list ded this training, and the date	
Name		Date of Training	Date Form FCAPEA-04 was signed	
What is the district's proce	ess for assigning proctors?			
When was Professional S	standards or Human Resour	ces (HR) notified?		
Name of Professional Sta	indards or HR Contact:			
Is there any evidence that the pass rate for this session was any different than typical?				

Effective Date: October 2019 Rule 6A-6.0573, F.A.C.