

**FLORIDA DEPARTMENT OF EDUCATION
INSERVICE TEACHER EDUCATION
TRANSFER RECORD**

This is to verify that _____ (Name) _____ (SSN)

_____ (Department of Education Certification Number) has earned the following inservice points between _____ and _____. Current Certification Validity Period: _____

RECORD OF COMPONENTS TRANSFERRED

INSTRUCTIONS: List individual components transferred. Indicate component number, title, applicable area of certification, number of points that apply as "subject area" or "generic."

Component Number	Component Title	Area of Certification	Subject Area Points	Generic Points

Total Points: _____

The signer of this form verifies that all inservice points listed herein were earned:

1. During the time the district had an approved Master Inservice Plan.
2. Within the last period for validity of the individual's certificate.
3. While the individual was an employee of this district.

NAME OF DISTRICT: _____

PRINT NAME OF DISTRICT SUPERINTENDENT
OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF SUPERINTENDENT
OR AUTHORIZED REPRESENTATIVE

DATE

Additional information: Please provide the following, if applicable.

Clinical Educator Training

Component Number	Component Title	Training Dates	Points

ESOL Training

Component Number	Component Title	Training Dates*	Points

Reading Training

Component Number	Component Title	Training Dates*	Points

*If ESOL or Reading points were banked, list date and number banked.