

**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 in the appropriate columns below:**

| Component Number     | Component Title | Area of Certification | Subject Area Points | Generic Points |
|----------------------|-----------------|-----------------------|---------------------|----------------|
|                      |                 |                       |                     |                |
|                      |                 |                       |                     |                |
|                      |                 |                       |                     |                |
| <b>Total Points:</b> |                 |                       |                     |                |

**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 |
|------------------|-----------------|-----------------|--------|
|                  |                 |                 |        |
|                  |                 |                 |        |
|                  |                 |                 |        |

**Students with Disabilities (SWD) Training**

| Component Number | Component Title | Training Dates* | Points |
|------------------|-----------------|-----------------|--------|
|                  |                 |                 |        |
|                  |                 |                 |        |
|                  |                 |                 |        |

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