

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM  
AUTOMATED STAFF DATA ELEMENTS**

|   |
|---|
| <b>Implementation Date:</b><br>Fiscal Year <b>2002-03</b><br>July 1, 2002 |
|---|

| <b>Element Name: Inservice Education, Primary Purpose</b>  |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
|--|--|-------------|-------------------|----|----------------------|---|-------------------------|---|---------------------------------------|---|--|-----|-----------------------------|
| <b>Definition/Domain</b>   |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <p>A one-character code to describe the primary purpose (50-percent or more) of the inservice component.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td>A*</td> <td>Add-on Certification</td> </tr> <tr> <td>B</td> <td>Alternate Certification</td> </tr> <tr> <td>C</td> <td>Florida Educators Certificate Renewal</td> </tr> <tr> <td>D</td> <td>Other Professional Certificate/License Renewal</td> </tr> <tr> <td>E**</td> <td>Professional Skill Building</td> </tr> </tbody> </table> <p>*Note: An out-of-field teacher for whom the most critical and primary purpose of the inservice is "add-on" certification.</p> <p>**Note: All Non-Certified personnel should be included in this category. Certified personnel may be included only if none of the categories above is appropriate.</p> |  | <u>CODE</u> | <u>DEFINITION</u> | A* | Add-on Certification | B | Alternate Certification | C | Florida Educators Certificate Renewal | D | Other Professional Certificate/License Renewal | E** | Professional Skill Building |
| <u>CODE</u>  | <u>DEFINITION</u>  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| A*   | Add-on Certification   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| B  | Alternate Certification  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| C  | Florida Educators Certificate Renewal  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| D  | Other Professional Certificate/License Renewal   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| E**  | Professional Skill Building  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Length:</b>   | 1  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Format:</b>   | Alphabetic   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Compatibility Requirement:</b>  | Compatible   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Use Types:</b>  | <input checked="" type="checkbox"/> State Report<br><input checked="" type="checkbox"/> Local Accountability |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Data Element Number:</b>  | 208635   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Reported in Survey Periods:</b>   |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5  |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Revised:</b>  | 7/02   |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Volume II</b>   |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Effective: 7/03</b>   |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |
| <b>Page Number: 36-48</b>  |  |             |                   |    |                      |   |                         |   |                                       |   |  |     |                             |