Florida Department of Education
Bureau of Educator Certification
Room 201, Turlington Building
325 West Gaines Street
Tallahassee, FL 32399-0400

Communication Number
C T 1 0 2 N
Application Supplement

Applicant's Personal Information

Social Security Number	First Name

Middle Name	Last Name

AFFIDAVIT

Effective June 10, 2004, a notarized oath is no longer required for Florida educator certification applications. The notarized oath form has been replaced with this affidavit form.

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

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

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 EDUCATOR PRACTICES COMMISSION.

Signature of Applicant **Date**