



**Florida Department of Education
School District Virtual Instruction Program
Application for Provider Approval**

ASSURANCES

1. *The applicant will administer each program covered by the application in accordance with all applicable statutes and regulations.*
2. *The Applicant will provide a program of virtual instruction in an interactive learning environment created through technology in which students are separated from their teachers by time, space or both as specified in Section 1002.45(1)(a)2., F.S.*
3. *The applicant will ensure a Florida-certified teacher under Chapter 1012 is responsible for at least fifty percent of the direct instruction to students in grades kindergarten through grade 5; or eighty percent of the direct instruction to student in grades 6-12.*
4. *The applicant will only hire Florida-certified instructional under Chapter 1012, Florida Statutes.*
5. *The applicant will ensure all employees and contracted personnel will undergo background screening as required by Section 1012.32, F. S., using state and national criminal history records and the Applicant will provide a list of employees to each school district contracting with the Applicant for verification of compliance.*
6. *All curriculum and course content is aligned with Next Generation Sunshine State Standards under Section 1003.41, F.S.*
7. *Applicant will adhere to requirements for student participation in state assessment tests as specified in Section 1002.45(6)(b), F.S.*
8. *Applicant will provide attendance, participation, and performance information to districts as required by the district policies to enable districts to monitor student progress toward successful completion of the virtual course or program and to meet student participation requirements specified in Section 1002.45, F. S..*
9. *Applicant will provide student, staff and program data to school districts for timely submission of the required record formats to the Department of Education Database.*

I certify that the applicant will adhere to each of the assurances contained in this application for approval as a provider in the School District Virtual Instruction Program.

Signature / / _____
Date Signed *Telephone Number*

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____(year), by (name of person) as (type of authority...e.g. officer, trustee, attorney in fact). For (name of party on behalf of whom instrument was executed).

(Signature of Notary Public – State of Florida)

(Print, type, or Stamp Commissioned Name of Notary Public)

Personally know _____ OR Produced Identification _____

Type of Identification Produced