

**APPLICATION FOR FLORIDA DEPARTMENT OF EDUCATION  
EARLY CHILDHOOD PROFESSIONAL CERTIFICATE (ECPC)**

**\*\*REQUIREMENT CHECKLIST WITH SIGNATURE OF INSTRUCTOR(S) MUST BE  
SUBMITTED WITH THIS APPLICATION\*\***

**SECTION A (To be completed by applicant)**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (H): \_\_\_\_\_  
\_\_\_\_\_ Telephone (W): \_\_\_\_\_  
Soc. Security #: \_\_\_\_\_ Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

**SECTION B - Education Summary (To be completed by school)**

\*Local Educational Agency \_\_\_\_\_

\*Location of Training \_\_\_\_\_

<b>Program Successfully Completed</b>	<b>Program Number</b>	<b>Date Completed</b>
o Early Childhood Education	_____	_____
8503211 – ECE 1	8503210	
8503212 – ECE 2		
8503213 – ECE 3		
8503214 – ECE 4		
o Early Childhood Education (PSAV)	_____	_____
	V200210	
o Others	_____	_____
o Supplementary Early Childhood Education/Child Development coursework	_____	_____