

**PRACTICAL EXPERIENCE SUMMARY DOCUMENTATION FOR
FLORIDA DEPARTMENT OF EDUCATION
EARLY CHILDHOOD PROFESSIONAL CERTIFICATE (ECPC)**

(Complete this form and sign in front of Notary)

I have worked directly with children five years of age or younger in the following capacity:

Name: _____

Number of Hours: _____ Dates - From: _____ To: _____

Name of Business: _____

Business Address/Phone: _____

Contact Person: _____

I certify that I _____, have completed the above work
(Signature)

experience with children five years of age or younger.

The above individual appeared before me and is personally known by me or presented the
following identification _____,

on this _____ day of _____, 20_____.

Notary Public
State of Florida

Commission Expires

Note:
Submit one document for each center where experience took place
Revised 01/28/05