

**APPLICATION FOR FLORIDA DEPARTMENT OF EDUCATION
SCHOOL AGE PROFESSIONAL CERTIFICATE (SAPC)**

****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 _____

Program Successfully Completed	Program Number	Date Completed
◦ Secondary School Age Certification Training Program	_____ 8500160 _____	_____
8500170 - 1		
8500175 - 2		
8500180 - 3		
8500185 - 4		
◦ School Age Certification Training Program (PSAV)	_____ V200310 _____	_____