

**PRACTICAL EXPERIENCE SUMMARY DOCUMENTATION FOR
FLORIDA DEPARTMENT OF EDUCATION
SCHOOL AGE PROFESSIONAL CERTIFICATE (SAPC)**

(Complete this form and sign in front of Notary)

I have worked directly with school age children 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 school age children.

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 location where experience took place
Revised 01/28/05