



Florida Department of Education
 Bureau of Educator Certification
 Room 201, Turlington Building
 325 West Gaines Street
 Tallahassee, FL 32399-0400

EDUCATOR CERTIFICATION APPLICATION - TEACHER INTERNSHIP

FDOE DATE STAMP

1. CERTIFICATE OR SERVICE REQUESTED

Select a certificate/license type and the corresponding transaction.

1. Temporary Teacher Internship Application (No Bachelor's Degree)

a. INITIAL (1020)

List the subject codes. Refer to Subject Area/Grade Level Chart.

1.	2.	3.	4.
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2. PERSONAL INFORMATION

U. S. Social Security Number*	DOE File Number	Date of Birth (MM/DD/YYYY)	U.S. Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name (Given Name)	Middle Name	Last Name (Family Name)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

OPTIONAL

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Mark all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander
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Email Address (For Official Communication from Educator Certification)

Mailing Address (Street Number and Street Name)

City	State	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. ACADEMIC TRAINING: Please list all colleges or universities attended.

Have you earned a total of 60 college credits (Yes/No)?			<input type="checkbox"/> YES		<input type="checkbox"/> NO
Full Name of College(s)	State	Credits Earned	Attendance Dates - Start (MM/DD/YYYY)	Attendance Dates - End (MM/DD/YYYY)	*Last Name While Attending College/University*

4. STATE-APPROVED TEACHER PREPARATION PROGRAM

Enrollment Start Date (mm/dd/yyyy)	Program Name

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5. APPLICANT SIGNATURE

I, _____, agree to pay \$ _____ for the non-refundable application processing fee.
Applicant's Signature

6. PAYMENT INFORMATION (Please make fees payable to FDOE Educator Certification)

Amount	Method	Payment Number
\$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Money Order	_____

7. APPLICATION AFFIDAVIT

I, _____ (Print Name), do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the Constitution of the State of Florida. I do hereby affirm that all information provided in my application for a Florida Educator's Certificate is true, accurate, and complete.

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN OR RENEW A FLORIDA EDUCATOR'S CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO CRIMINAL PROSECUTION, AS WELL AS DISCIPLINARY ACTION BY THE EDUCATION PRACTICES COMMISSION.

Applicant's Signature Date

* **SSN Statement:** Collection of your social security number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of promoting the public policy of Florida relating to child support. Your SSN is used by the Department as a unique identifier for maintaining your certification and related personnel records as required under the same statute. Your SSN may be disclosed to the Department of Revenue, as authorized under §1012.21, Florida Statutes, as Florida's agency for administration of the Title IV-D program of the federal Social Security Act for child support enforcement. Failure to provide your SSN to Educator Certification will prevent issuance of your Florida Educator's Certificate.

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PERSONAL INFORMATION	
U.S. Social Security Number:	
DOE File Number:	
Last Name:	
First Name:	

11. LEGAL DISCLOSURE (Florida Law requires you to provide a YES or NO response)

Florida Law requires you to provide a YES or NO answer to the questions within the Legal Disclosure section of your application, even if previously submitted. If you answered YES to any question in the Legal Disclosure section on the application form, you must provide detailed complete information for each affirmative response within the corresponding section in this Legal Disclosure Supplement.

You are not required to acknowledge minor traffic violations. The criminal offense of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) is **not** a minor traffic violation and should be disclosed on this form.

Having a criminal history or administrative sanction against a professional license does not automatically disqualify a person from receiving a Florida Educator's Certificate, but such incidents will prompt a review by the Office of Professional Practices Services.

A person is **ineligible for educator certification** if the person has been **convicted of a disqualifying offense** as listed in Section 1012.315 Florida Statutes. Please refer to www.myfloridateacher.com for more information.

SEALED OR EXPUNGED RECORDS (Report ONLY sealed or expunged records in this section.)
For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you had adjudication withheld on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you pled nolo contendere to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you entered into a pretrial diversion program or deferred prosecution program related to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a petition pending to seal or expunge any criminal offense record?

SEALED OR EXPUNGED records MUST BE REPORTED pursuant to § 943.0585 and 943.059, Florida Statutes. However, existence of such records will not be disclosed nor made part of your certification file which is public record.

CRIMINAL OFFENSE RECORD(S) (Report any record other than sealed or expunged in this section.)
For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been found guilty of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had adjudication withheld on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled nolo contendere to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled guilty to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever entered into a pretrial diversion program or deferred prosecution program related to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there currently charges pending against you for any criminal offense?

PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)
For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been DENIED a professional license or certificate in this state or any other state even if the certificate or license was later issued with conditions or limitations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever surrendered, resigned, or relinquished a professional license or certificate in this state or any other state during or following an investigation into allegations of misconduct?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or professional certificate disciplined in this state or any other state by receiving a letter of reprimand, fine, probation, or any other restriction or special condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current investigative action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current disciplinary action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?

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If you answered YES to any of the preceding questions, you must complete all information within the Legal Disclosure Supplement on the next page. Please provide detailed information for each affirmative response and submit this form to complete your application.

12. LEGAL DISCLOSURE SUPPLEMENT

Florida Law requires you to provide a YES or NO answer to the questions within the Legal Disclosure section of your application, even if previously submitted. If you answered YES to any question in the Legal Disclosure section on the application form, you must provide detailed complete information for each affirmative response within the corresponding section in this Legal Disclosure Supplement.

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First Name	Middle Name	Last Name	Former Name	Any Other Last Names/Aliases

SEALED OR EXPUNGED RECORD(S)

City	State	Date mm/dd/yyyy	Charge	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City	State	Date mm/dd/yyyy	Charge	Plea	Disposition (outcome)

PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)

State: _____ Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____
State: _____ Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____
State: _____ Year: _____	License or Certificate: _____
Issuing Agency: _____	Sanction and Reason: _____

LEGAL DISCLOSURE AFFIDAVIT

I, _____ (Print Name), do hereby affirm that all information provided in this Legal Disclosure section and Supplement to my application for a Florida Educator's certificate is true, accurate, and complete.

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_____ Applicant's Signature

_____ Date