FLORIDA DEPARTMENT OF EDUCATION

COMMISSION FOR INDEPENDENT EDUCATION

INSTITUTIONAL TRANSPARENCY STATEMENT

SWORN CERTIFICATION AFFIDAVIT

Rule 6E-1.0032(15), Florida Administrative Code

Please print or type, attaching additional pages as needed.

Institution Information

Name of Institution:

_____

Institution License Number:

_____

Physical Address:

_____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email Address: _____

Primary Public Website:

_____

Electronic Address of the Institutional Transparency Statement:

_____

DRAFT

Name and Title of Person Executing Sworn Affidavit (Affiant must be the institution's chief executive officer, president, chief administrator responsible for institutional operations):

Name:

_____

Title:

_____

Sworn Certification

I, _____, being first duly sworn, depose and state as follows:

1. I am the institution's ☐ chief executive officer, ☐ president, or ☐ chief administrator responsible for institutional operations, and I am authorized to execute this affidavit on behalf of the institution.
2. I have conducted, or caused to be conducted under my direction, a reasonable inquiry into the institution's published Institutional Transparency Statement and the policies, practices, procedures, disclosures, and records relevant to that statement.
3. Based upon that reasonable inquiry, I certify that the institution's Institutional Transparency Statement:

   a. Is accurate, complete, and current as of the date of this affidavit;

   b. Addresses each subject applicable to the institution as required by Rule 6E-1.0032(15), Florida Administrative Code (F.A.C);

   c. Identifies any required subject that the institution has determined to be inapplicable and states the basis for that determination;

   d. Accurately distinguishes the institution's current policies and practices from reforms or changes adopted for future implementation;

   e. Accurately identifies material differences, if any, among the institution's campuses, programs, or student populations; and

   f. Is supported by the institution's actual policies, practices, procedures, communications, disclosures, and reasonably available records.

DRAFT

4. I further certify that the institution is materially complying with the requirements of Rule 6E-1.0032(15), F.A.C., including the requirements governing publication, pre-enrollment disclosures, academic evaluation, retaliation, targeted ideological harassment, student appeals, institutional conformance, and substantiation.
5. I understand that the institution has a continuing obligation to revise its Institutional Transparency Statement when a material change causes the published statement to no longer accurately reflect the institution's current policies or practices.
6. Except as specifically disclosed in an accompanying explanation, I am not aware of any material deviation from the institution's published Institutional Transparency Statement or any unresolved corrective action relating to the requirements of Rule 6E-1.0032(15), F.A.C.

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true and correct.

Executed on: _____, 20____

Signature of Affiant:

_____

NOTARIZATION

STATE OF FLORIDA COUNTY OF _____

SWORN TO OR AFFIRMED before me this _____ day of

_____, 20_____.

Personally known _____ or Produced Identification _____

List type of Identification Produced

_____

Signature of Notary:_____

Print Name of Notary:_____

Notary Seal

DRAFT