



APPLICATION FOR RENEWAL OF A FLORIDA EDUCATOR'S PROFESSIONAL CERTIFICATE

SUBMIT APPLICATION TO:

Instructional Certification
1450 NE 2nd Ave., Suite 260
Miami, Florida 33132
School Mail: 9305

IMPORTANT:

- **Money order** payable to **Miami-Dade County Public Schools.**
- Personal checks **will not be accepted.**
- Application processing fee is **non-refundable.**
- All entries must be clearly typed or print using only black or dark blue ink pen.

Application Fee \$75.00 \$ _____ Late Renewal Fee \$30.00 \$ _____ Total Fee(s) \$ _____	A late fee is required if the application is submitted for renewal of your Professional Certificate after it has expired (not more than one year). To utilize the late fee option, all requirements for renewal of the certificate must have been completed prior to expiration of the certificate except for submitting the application and fee.
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PERSONAL INFORMATION

1A. Social Security #*: _____	1B. DOE #: _____	2. Birth Date: _____
3. First Name: _____	4. Middle Name: _____	
5. Last Name: _____		
6. Mailing Address: _____ _____		
7. City: _____	8. State: _____	
9. Zip Code: _____	10. Phone: _____	
11. E-mail Address (<i>For Official Communication from Educator Certification</i>): _____		
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 12. _____ Work Location Name _____ Work Location Number _____ Employee # _____ </div>		
<p><small>*The School Board of Miami-Dade County, Florida is authorized to collect, use or release social security numbers of employees and other individuals for initial instructional certification, renewal, or add-on application [Required by FS 1012.56, and 119.071(5) (a) 6, and/or authorized by FS 1012.21 and 119.071(5) (a) 6]. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [FS 119.071(5) (a) 2 & 3].</small></p>		

SUBJECTS (*Subjects listed on your certificate.*)

METHOD OF RENEWAL

Please indicate below the method(s) of renewal:

Master Plan Points

College Credits (attached official transcripts)

Subject Area Exam

Valid National Board Professional Teaching Standards (NBPTS) Certificate

INSERVICE CREDIT (*for Instructional Certification Office Use Only*)

I hereby verify that the applicant satisfactorily participated in an approved inservice teacher education program and earned _____ points to renew the subjects shown above.

Includes "Banked" Inservice Points.
 Includes "SWD" Inservice Points.

_____ Signature of Authorized District Official	_____ Print Name	_____ Date
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PERSONAL INFORMATION

Social Security Number*

First Name

Last Name

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

After answering each of the following questions, **you must sign and date the Application and Legal Disclosure Affidavit** to complete your application. Please refer to the instructions in the Legal Disclosure Supplement on page 3 for additional information regarding this section of the application form.

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.

- YES NO Have you ever had any record sealed or expunged in which you were **convicted** of a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you were **found guilty** of a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you had **adjudication withheld** on a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you pled **nolo contendere** to a criminal offense?
- YES NO Have you ever had any record sealed or expunged in which you **pled guilty** to a criminal offense?
- YES 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?
- YES NO Do you have a petition pending to seal or expunge any criminal offense record?

SEALED or EXPUNGED records MUST BE REPORTED pursuant to ss. 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.

- YES NO Have you ever had been **convicted** of a criminal offense?
- YES NO Have you ever been **found guilty** of a criminal offense?
- YES NO Have you ever had **adjudication withheld** on a criminal offense?
- YES NO Have you ever pled **nolo contendere** to a criminal offense?
- YES NO Have you ever **pled guilty** to a criminal offense?
- YES NO Have you ever entered into a **pretrial diversion program** or **deferred prosecution program** related to a criminal offense?
- YES 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.

- YES NO Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
- YES 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?
- YES NO Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
- YES 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?
- YES 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 conditions?
- YES 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?
- YES 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?

If you answered YES to any of the preceding questions, you must provide detailed complete information for each affirmative response in the Legal Disclosure Supplement and submit it along with your application form.

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.

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.

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

SEALED OR EXPUNGED RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest	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: _____

APPLICATION AND LEGAL DISCLOSURE AFFIDAVIT

I, _____, do hereby verify that I subscribe to and will uphold the principles
Print Name
 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