



MIAMI-DADE COUNTY PUBLIC SCHOOLS
Department of Career & Technical Education
CAPE ACADEMY



INTENT TO PURSUE INDUSTRY CERTIFICATION FORM

Name of School: Mail Code:	CTE Program Name: CTE Program Number:
Teacher's Name: Teacher's Employee Number:	CTE Course Name: CTE Course Number:
Industry Certification Title:	Industry Certification Code:

PLEASE PRINT OR TYPE					OFFICE USE ONLY	
Student Last Name	Student First Name	Middle	Student ID	Grade	Industry Certification Pass/Fail/NS	Date of Program Completion MM/YY

I hereby certify that the above students are eligible for industry certification.

Signature of Instructor _____ Date _____

Signature of School Site Administrator _____

Telephone Number _____

Office Use Only	Total Students	
	Cost per Student	
	Total Cost	

RETURN TO: 9600-7411-Miami Northwestern ATTENTION: _____, Instructional Supervisor/Educational Specialist
 1100 NW 71 Street, Room 2099
 Miami, FL 33150