



Educator Certification

DISTRICT APPLICATION

Instructions for completing Your Application for Educator Certification

Each district school board is responsible for processing application requests for its public school employees for duplicate or name change certificates, as well as additions to certificates based on district add-on program completion or passing a subject area exam (§1012.586, F.S.; 6A-4.0012, FAC).

GENERAL INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

- Complete entire application form on your computer or using a black or dark blue ink pen. Do not use pencil.
- Check the appropriate checkbox (i.e. ☒).
- All entries should be clearly typed or hand written in UPPER CASE LETTERS within the boxes provided. (Template default set to type in UPPER CASE LETTERS.)
- There should be at least one blank space between each word for any entry.

Ensure that your Social Security number and your Employee/Lawson number are clearly printed on all documents submitted.

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.

CERTIFICATE OR SERVICE REQUESTED:

| Service Requested | Fee |
|---|--------------|
| Add a subject or endorsement to my valid Florida Certificate. (Fill in subject code box.) | \$75.00 |
| Reprint a duplicate of my currently valid Florida Certificate. <i>NOTE: A duplicate cannot be requested of an expired certificate.</i> | \$20.00 only |
| Reprint my valid Florida Certificate due to a legal name change. | \$20.00 only |
| Make Checks Payable To: Hillsborough County Public Schools | |

LEGAL DISCLOSURE: 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. You must complete the **Affidavit** at the end of the Legal Disclosure Supplement for your application to be complete.

AFFIDAVIT: You must read, print your name, and affix your legal signature.

All documents submitted become part of your official Florida certification record and cannot be returned.

PROVIDE ALL APPLICATION MATERIALS TO:

| | |
|---|--|
| US Mail Hillsborough County Public Schools Instructional Services Center Office of Educator Certification 2920 N. 40 th Street Tampa, FL 33605 | School Mail Office of Educator Certification Instructional Services Center Route 7 |
|---|--|

Use codes on this chart to complete the CG-10 Application Form – District Version



DISTRICT APPLICATION FOR AN **ADDITION TO,**
NAME CHANGE OR REPRINT OF
FLORIDA EDUCATOR'S CERTIFICATE

Hillsborough County Public Schools
Office of Educator Certification
Instructional Services Center
2920 N. 40th Street
Tampa, FL 33605

OFFICIAL USE ONLY

Receipt #: _____ Date Received: _____
Update Profile: _____ Enter in DOE: _____

☐ PPS

PLEASE READ INSTRUCTIONS ABOVE BEFORE COMPLETING.

Make Checks Payable To: Hillsborough County Public Schools

PERSONAL INFORMATION - Complete entire Application in UPPERCASE letters using only black or blue ink.

| | | | |
|--|------------------------|---|------------------------|
| Employee / Lawson Number: | | Site Name: | |
| 1. Social Security Number: | | 2. Birth Date: MM/DD/YYYY | |
| | | 3. Are you a US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. First Name: | 5. Middle Name: | 6. Last Name: | |
| 7. Mailing Address: | | | Apartment/Unit: |
| 8. City: | | 9. State: | 10. ZIP Code: |
| 11. Phone: () | | 12. Country: | |
| 13. E-mail Address: | | | |
| 14. What is your gender? (Optional): <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| 15. Are you Hispanic or Latino? (Optional, choose only one): <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino | | | |
| 16. What is your race? (Optional, mark all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | | |

CURRENT VALID FLORIDA EDUCATOR'S CERTIFICATE INFORMATION

| | |
|---|--|
| 17. Please select your currently valid Florida Certificate Type. <input type="checkbox"/> Professional <input type="checkbox"/> Non-Renewable Temporary | 18. Please indicate the validity period of your Florida Certificate. July 1, ____ to June 30, ____ |
|---|--|

CERTIFICATE OR SERVICE REQUESTED

19. Please select the Certificate Service Requested. (Please select only one service per application.)

- ☐ Add a subject or endorsement to my valid Florida Certificate. * (go to question 20)
- ☐ Reprint a duplicate of my valid Florida Certificate. (skip to page 4)
- ☐ Reprint my valid Florida Certificate due to a legal name change. (skip to page 4)

20. Please indicate the subject code for the subject coverage or endorsement to be added to your Florida Certificate.

Please refer to the District Additions Subject Area/Grade Level Chart for the appropriate code numbers: _____ / _____

*Please note: Districts may add a subject coverage or endorsement to a valid Florida certificate **ONLY** on the basis of the completion of the appropriate subject area testing requirements of s.1012.56(4)(a), FS, or the completion of the requirements of an approved school district program or the in-service components for an endorsement.

Academic Coverages, Specialty Coverages, and Degreed Vocational Coverages may be added **ONLY** to a valid Florida **Professional** Certificate through use of this application to your employing school district.



DISTRICT APPLICATION FOR AN **ADDITION TO,
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Hillsborough County Public Schools
Office of Educator Certification
Instructional Services Center
2920 N. 40th Street
Tampa, FL 33605

Social Security Number: _____

Employee/Lawson 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 the **Affidavit** to complete this section of your application. Please refer to the instructions in the Legal Disclosure Supplement on the next page for additional information regarding this section of the application form.

SEALED OR EXPUNGED RECORD(S) (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 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 on the next page and submit it along with your application form.



DISTRICT APPLICATION FOR AN ADDITION TO,
NAME CHANGE OR REPRINT OF
FLORIDA EDUCATOR'S CERTIFICATE

Hillsborough County Public Schools
Office of Educator Certification
Instructional Services Center
2920 N. 40th Street
Tampa, FL 33605

Social Security Number: _____

Employee/Lawson Number: _____

First Name: _____

Last Name: _____

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(s) | Plea | Disposition (outcome) |
|---------------------|-------|----------------|-----------|------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

CRIMINAL OFFENSE RECORD(S)

| City Where Arrested | State | Date of Arrest | Charge(s) | 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: _____

AFFIDAVIT

I do hereby affirm by my signature that all information provided in this application and supplement 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.

Signature of Applicant

Date