



**APPLICATION FOR ST. JOHNS COUNTY SCHOOL DISTRICT  
VOCATIONAL EDUCATOR'S CERTIFICATE**

Full Name: \_\_\_\_\_

Best Telephone # to reach you: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (for Certificate): \_\_\_\_\_

**Work Experience Record for Non-Degreed Vocation Teachers**

Employer	Title	Dates	FT/PT	Months Employed

**Teaching Experience for Non-Degreed Vocational Teachers**

Employer	State	Dates	Subject/Grade	FT/PT	Months Employed

**Teaching Certifications Held**

Certificate	Type	Validity Period	State	Subject/Grade	Subject/Grade

Professional License Held: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Highest Level of Academic Training:

PhD     Masters     Bachelors     Associates     Non-Degreed



**Legal Disclosure Affidavit**

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

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 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? Yes  No

I, \_\_\_\_\_, do hereby affirm that all information provided in this Legal Disclosure section and supplement to my application for a St. Johns County District Vocational Educator’s Certificate is true, accurate, and complete.

I, \_\_\_\_\_, have reviewed this application and affirm that all of the information which I have provided in this application is true, accurate, and complete.

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

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Return Completed Application and required documentation to [Jojean.ponce@fctc.edu](mailto:Jojean.ponce@fctc.edu)

First Coast Technical College  
2980 Collins Ave.  
St. Augustine, FL 32084  
Fax: 904-547-3376  
Phone: 904 -547-3302

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**REQUIRED DOCUMENTATION**

Completed Vocational Educator’s Certificate Application \_\_\_\_\_

Experience Verification \_\_\_\_\_

Letter(s) Verifying Employment \_\_\_\_\_

Transcript(s) \_\_\_\_\_

Verification of In-Service Points (If Renewal) \_\_\_\_\_

Valid Professional License (if applicable) \_\_\_\_\_

Verification of Vocational Training in Field (if applicable) \_\_\_\_\_

Test Score Report (If applicable) \_\_\_\_\_

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*For Office Use:*

*Type of Certificate or Service Requested*

Initial  Renewal  If renewal: DOE# \_\_\_\_\_ SJCSD# \_\_\_\_\_

Non-Degreed Vocational Temporary  Non-Degreed Vocational Professional \_\_\_\_\_

Professional  Additional Subject  Name Change  Previous Name \_\_\_\_\_

Current Employment: FCTC SAHS PPVHS NEASE PEDRO SJTHS BARTRAM OTHER: \_\_\_\_\_

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