

Florida Re-Certification Candidates

Thank you for your interest in the Florida Re-Certification process. As of July 1, 2002, this evaluation is required for all individuals who are interested in renewing their lapsed Florida Certification. The cost for Florida re-certification candidates is \$50.00, **which is non-refundable**. Please allow 3 to 4 weeks for the evaluation step.

To qualify, you must have been employed and certified as a criminal justice officer in Florida. **There cannot be more than an 8-year gap from the end of your most recent qualifying employment to the submission of your complete Application.**

How to Apply:

Step 1. Application and Waiver for Authorization

Complete and have the application and the FDLE CJST Form 58 "Authority for Release of Information" (Background Investigation Waiver) notarized.

Step 2. FEE - (NON REFUNDABLE)

Enclose with your application and waiver a copy of your driver's license, a **\$50 money order only**, made payable to Santa Fe College. Please write your name and social security number clearly on the money order and send to:

SFC Criminal Justice Selection Center
3737 N.E. 39th Avenue
Gainesville, Florida 32609

WHAT COMES NEXT

If an exemption is granted, an applicant must still demonstrate proficiency in high liability skills and pass the State of Florida Certification Examination (SOCE) for Law Enforcement or Correctional Officers. The high liability skills are firearms, defensive tactics, first responder and driving. You must complete each portion before progressing to the next. (We also offer the EOT Proficiency Class, check Academy News on our webpage www.policecareers.org for scheduled dates.)

After your evaluation is completed, we will send you the approved CJSTC-76. You will then have one year from the date you receive that form to demonstrate your proficiency in the high liability subjects required for your discipline (law enforcement or corrections) and pass the State Officer Certification Examination (SOCE). **Your Form 76 will not be activated until you sign and return the verification of delivery form attached to your letter.**

We highly recommend that you also consider taking an examination preparation or review course in conjunction with proficiency demonstration. To learn more about the Proficiency Demonstration and the SOCE visit the Florida Department of Law Enforcement (FDLE) web site to view a complete list of certified training centers. <http://www.fdle.state.fl.us>



Criminal Justice | Emergency Medical Services | Aviation Science | Fire Science

3737 N.E. 39th Avenue • Gainesville, FL 32609

Office 352.271.2945 • Fax 352.271.2938

www.policecareers.org

www.sfcollege.edu



- (4) I understand that there are other legal requirements in Florida Statutes, and the rules established by the Florida Criminal Justice Standards and Training Commission (CJSTC), related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc. which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement or corrections officer in Florida.

Signature of Applicant _____

AFFIDAVIT

State of _____ County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn to and subscribed before me this _____ day of _____, 20___. Personally known _____-or- Produced the following identification: _____ . My Commissions expires on _____, 20__.

Seal

Notary Public Signature



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____
Date

Applicant's Address

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature

Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ . Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.