



# SCHOOL BOARD OF BREVARD COUNTY

Human Resources

2700 Judge Fran Jamieson Way, Viera, FL 32940

Phone: (321) 633-1000 \* Fax: (321) 633-3525

## APPLICATION FOR AN INITIAL OR RENEWAL OF A PART-TIME ADULT EDUCATION DISTRICT CERTIFICATE

A **\$75.00 Processing Fee** in the form of a personal check or money order made payable to **THE SCHOOL BOARD OF BREVARD COUNTY** must accompany each **INITIAL OR RENEWAL** application. **Current BPS employees** may submit a payroll deduction sheet for **RENEWAL** only. **THE FEE IS NON-REFUNDABLE.**

**FINGERPRINTING** authorized by the Federal Bureau of Investigation for use by the School Board of Brevard County must be submitted with the required fee for all initial certification applications. Contact the Brevard Public Schools District Security office for information and fee schedule at (321)633-1000, Ext 11233. For **RENEWALS** please include a completed Level II Fingerprint Form which can be obtained from your school/department secretary.

**INITIAL (NEW) APPLICATIONS MUST SUBMIT OFFICIAL TRANSCRIPTS** from an accredited institution.

Please choose **one**:

\_\_\_\_\_ Application for an Initial (**NEW**) District Part-Time Adult Education Certificate

\_\_\_\_\_ **Renewal** Application for a District Part-Time Adult Education Certificate

**For Certification Only!**

Certificate Code: \_\_\_\_\_

Subject Requested: \_\_\_\_\_

Validity Period: \_\_\_\_\_

School/Dept.: \_\_\_\_\_

Certificate # \_\_\_\_\_

Check# \_\_\_\_\_

*SSN Statement: Collection of your social security number (SSN) is required pursuant to Florida Statutes 1012.56, for 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 Florida Statutes 1012.21, 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 District Part-time Adult Educator's Certificate.*

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle/Maiden

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone No: \_\_\_\_\_  
MM/DD/YEAR Include 10 digit phone no.

U.S. Citizenship: YES \_\_\_\_\_ NO \_\_\_\_\_

Address \_\_\_\_\_  
Street or Route City State Zip Code

**ACADEMIC RECORD:**

Name of College(s)/Branch Campus	State	Degree	Major	Sem. Hrs.	Attendance Dates

**TEACHING EXPERIENCE:**

Dates of Employment	Name of School/Employer	State	Subject and Grade Level	Please choose one		Dates of Service	Public or Private School
				Full-time (F)	Part-time (P)		

**ARREST/REVOCAION RECORD:**

_____	_____	Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation ( <b>DUI is NOT</b> a minor traffic violation); or are there any criminal charges now pending against you? <b>SEALED OR EXPUNGED RECORDS</b> must be reported pursuant to S.943.058; F.S. Failure to answer this question accurately could cause denial of certification. <b>Florida Law requires a YES OF NO answer.</b> If you check the <b>YES</b> box, you must give the information requested for each charge. Please attach a separate sheet if you need more space.				
YES	NO					
City Where Arrested	State	Date of Arrest	Charges	Disposition(s)		
_____	_____	Have you ever had a teaching certificate revoked, suspended, or denied by a state other than Florida; or is there any action pending against your certificate or application in another state? (A determination of academic ineligibility is not considered denial of a certificate.) If YES, you must give the state where your certificate was revoked, suspended, or denied, or where action is pending against your certificate or application.				
YES	NO	STATE: _____				

**AFFIDAVIT:**

I, \_\_\_\_\_ do hereby certify 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 District certificate is true, accurate, and complete.

**Warning: Giving false information in order to obtain or renew a District 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.**

\_\_\_\_\_

Applicant's Signature Date

# COMPLETE THIS AREA FOR RENEWAL ONLY:

Please check one of the following:

- College Credit
- College Credit and In-service Credit
- In-service Credit

If **COLLEGE CREDITS** please complete the following. Official transcripts must be submitted for course work listed below.

Certification Coverage to be Renewed	Course Number	Course Title	Institution

If **IN-SERVICE CREDITS** please complete the following. In-service credit transcripts must be submitted for all items listed below.

Certification Coverage to be Renewed	In-service Points

## OFFICIAL USE ONLY

**PLEASE DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE! FOR CERTIFICATION DEPARTMENT ONLY!**

Starting and Ending dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_.  
Month Year Month Year

I hereby verify the applicant satisfactorily participated in an approved in-service teacher education program and earned the credits listed above, or has submitted college credits to renew their certificate.

\_\_\_\_\_  
 Signature of Authorized School Official

\_\_\_\_\_  
 Date