



Florida Department of Education
 Bureau of Educator Certification
 Room 201, Turlington Building
 325 West Gaines Street
 Tallahassee, FL 32399-0400

EDUCATOR CERTIFICATION APPLICATION

FLDOE DATE STAMP

1. CERTIFICATE OR SERVICE REQUESTED See instructions on page 2 for assistance

Select a certificate/license type and the corresponding transaction. Only one license type and transaction may be requested per application.

☐ 1. Educator Certification (6001)	☐ 2. Speech Language Associate (6002)	☐ 3. Athletic Coaching (6003)	☐ 4. Exchange Teacher (6004)
<input type="checkbox"/> a. INITIAL (1020)	<input type="checkbox"/> a. INITIAL (1020)	<input type="checkbox"/> a. INITIAL (1020)	<input type="checkbox"/> a. INITIAL (1020)
<input type="checkbox"/> b. UPGRADE (4020)	<input type="checkbox"/> b. REAPPLY (1520)	<input type="checkbox"/> b. REAPPLY 5 YR (1520)	<input type="checkbox"/> b. COPYCERT (8001)
<input type="checkbox"/> c. REAPPLY (1520)	<input type="checkbox"/> c. UPGRADE (4020)	<input type="checkbox"/> c. REAPPLY 3 YR (1525)	<input type="checkbox"/> c. NMCHANGE (8002)
<input type="checkbox"/> d. ADDTEMP (4010)	<input type="checkbox"/> d. TEMP IN SLA (4030)	<input type="checkbox"/> d. UPGRADE TO 5 YEAR (4020)	
<input type="checkbox"/> e. ADDPRO (4015)	<input type="checkbox"/> e. NTMP IN SLI (5020)	<input type="checkbox"/> e. COPYCERT (8001)	
<input type="checkbox"/> f. DROPSUBJ (5010)	<input type="checkbox"/> f. COPYCERT (8001)	<input type="checkbox"/> f. NMCHANGE (8002)	
<input type="checkbox"/> g. COPYCERT (8001)	<input type="checkbox"/> g. NMCHANGE (8002)		
<input type="checkbox"/> h. NMCHANGE (8002)			
<input type="checkbox"/> i. RETEMP (2525)			

List the subject codes ONLY for Educator Certification (6001) transactions. Refer to Subject Area/Grade Level Chart.

1.	2.	3.	4.
5.	6.	7.	8.

2. PERSONAL INFORMATION

U. S. Social Security Number <input type="text"/>	DOE File Number <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/>	U.S. Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name (Given Name) <input type="text"/>	Middle Name <input type="text"/>	Last Name (Family Name) <input type="text"/>	
Mailing Address (Street Number and Street Name) <input type="text"/> <input type="text"/> <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>
Email Address (For Official Communication from Educator Certification) <input type="text"/>			

OPTIONAL

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Mark all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander
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3. CURRENT VALID FLORIDA EDUCATOR'S CERTIFICATE INFORMATION

<input type="checkbox"/> Select here if you do not currently hold a valid Florida Educator's Certificate	
Please select your currently valid Florida Certificate Type <input type="checkbox"/> Professional <input type="checkbox"/> Temporary <input type="checkbox"/> Athletic Coaching	Please indicate the validity period for your Florida Certificate July 1, <input type="text"/> to June 30, <input type="text"/>

4. NON-FLORIDA EDUCATOR CERTIFICATES/LICENSES: Include a photocopy of the front and back of your certificate(s) for review

Certificate Type	State/National Organization	Certificate Number	Subject/s and Grade Level/s	Validity Period (mm/dd/yyyy to mm/dd/yyyy)

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FORM CG-10; Incorporated into Rule 6A-4.0012, F.A.C.; Effective September 2023

5. ACADEMIC TRAINING: Please list all colleges or universities attended.						
Full Name of College(s)/Branch Campus	State	Degree	Graduation Date (MM/DD/YYYY)	Major(s)	Other Credits Attendance Dates (MM/DD/YYYY)	Last Name While Attending College/University

6. K-12 TEACHING EXPERIENCE RECORD (Substitute teaching experience is not acceptable.)							
List teaching experience since last Florida Certification Application submitted.							
Date of Employment (mm/dd/yyyy)		Name of Employer			Subject(s) and Grade Level(s)	Full-Time/Part-Time	Public or Private School
Begin	End	School Name and Supervisor	County/City	State			

7. COLLEGE TEACHING EXPERIENCE RECORD (A letter on official letterhead from the dean or registrar verifying your experience is required.)					
Full Name of Institution	Full-Time/Part-time	Course Prefix and Number	Start Date of Employment (mm/dd/yyyy)	End Date of Employment (mm/dd/yyyy)	Semester Hours

8. APPLICANT SIGNATURE	
I, _____, agree to pay \$ <input type="text"/> for the non-refundable application processing fee.	<small>Applicant's Signature</small>

9. PAYMENT INFORMATION (Please make fees payable to FLDOE Educator Certification)		
Amount	Method	Payment Number
\$ <input type="text"/>	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Voucher	<input type="text"/>

10. APPLICATION AFFIDAVIT	
<p>I, _____ (Print Name), do hereby certify that I subscribe to and will uphold the principles 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 Florida Educator's Certificate is true, accurate, and complete.</p> <p>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.</p> <p>_____ Applicant Signature</p> <p>_____ Date</p>	



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PERSONAL INFORMATION	
U.S. Social Security Number:	
DOE File Number:	
Last Name:	
First Name:	

11. LEGAL DISCLOSURE (Florida Law requires you to provide a YES or NO response)

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. Your signature is required every time it occurs within the form for your application to be complete - within the Applicant Signature and Application Affidavit sections above and within the Legal Disclosure Affidavit section at the end of the Legal Disclosure Supplement.

After answering each of the following questions, you must sign the Legal Disclosure Affidavit to complete this section of your application. Please refer to the instructions in the Legal Disclosure Supplement on the reverse side of this page for additional information regarding this section of the application form.

SEALED OR EXPUNGED RECORDS (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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you had adjudication withheld on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you pled nolo contendere to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a petition pending to seal or expunge any criminal offense record?

SEALED OF EXPUNGED records MUST BE REPORTED pursuant to § 943.0585 and 943.059, Florida Statutes. However, existence of such records will not be disclosed nor be 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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been found guilty of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had adjudication withheld on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled nolo contendere to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled guilty to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever entered into a pretrial diversion program or deferred prosecution program related to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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If you answered YES to any of the preceding questions, you must complete all information within the Legal Disclosure Supplement on the next page. Please provide detailed information for each affirmative response and submit this form to complete your application.

12. 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 mm/dd/yyyy	Charge	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest mm/dd/yyyy	Charge	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: _____

LEGAL DISCLOSURE AFFIDAVIT

I, _____ (Print Name), do hereby affirm that all information provided in this Legal Disclosure section and Supplement to my application for a Florida Educator's certificate 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.

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_____	_____
Applicant Signature	Date