



DISTRICT TEMPORARY INSTRUCTOR INITIAL CERTIFICATE APPLICATION

Degreed/Upgrade
 Nondegreed
 Initial

MIAMI-DADE COUNTY PUBLIC SCHOOLS Instructional Certification 1500 Biscayne Boulevard Suite 129 Miami, Florida 33132	Social Security # _____ - _____ - _____ (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female
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Note: The fee for processing this application is \$20.00 money order, made payable to Miami-Dade County Public Schools. Personal checks will not be accepted.

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ TELEPHONE _____	ARE YOU A CITIZEN OF THE UNITED STATES: <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> Birthdate ____ / ____ / ____
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High School Graduate: Yes No Name of School _____

State or Country: _____ Date of Graduation _____

Colleges Attended	State	Years	Graduation Date	Semester Hours Credit	Major

TEACHING EXPERIENCE RECORD:

Employment Dates	State	County	Place of Employment	Subject Taught	Grade	Full Time/ Part Time	Months/Yr. Taught

Type of Certificate Held: _____ State: _____ Validity: _____

Prior M-DCPS Employee? Yes No If yes, state Employee # _____

LEGAL DISCLOSURE (Florida Law requires a Yes or No response to each of the following questions)

SEALED/EXPUNGED RECORD(S) (LIST ONLY SEALED OR EXPUNGED RECORDS)

Yes No Have you ever had any record **sealed** or **expunged** in which you were **convicted**, found **guilty**, had **adjudication withheld**, entered a **pretrial diversion program**, or **pled guilty** or **nolo contendere** (no contest) to a criminal offense other than a minor traffic violation (DUI is **NOT** a minor traffic violation)? Failure to answer this question accurately could cause denial of a certificate.

A **YES** or **NO** answer is required by Florida Law. If you check the **YES** box, you must give the information requested for each charge. Please attach a separate sheet with your name and social security number if you need more space.

SEALED or EXPUNGED records **MUST BE REPORTED** pursuant ss. 943.0585 and 943.059, FS. However, the existence of such records **WILL NOT BE DISCLOSED** nor made a part of your certification file which is public record. Do not send any documents until requested.

City Where Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

SS # : _____ - _____ - _____ Name _____

CRIMINAL OFFENSE RECORD(S)

Yes No Have you ever been **convicted**, found **guilty**, had **adjudication withheld**, entered a **pretrial diversion program**, or **pled guilty** or **nolo contendere** (no contest) to a criminal offense other than a minor traffic violation (**DUI** is **NOT** a minor traffic violation)? Failure to answer this question accurately could cause denial of a certificate.

A **YES** or **NO** answer is required by Florida Law. If you check the **YES** box, you must give the information requested for each charge. Please attach a separate sheet with your name and social security number if you need more space.

Report any record **other than SEALED** or **EXPUNGED** records in this section.

City Where Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

PROFESSIONAL SANCTION

Yes No Have you ever had any professional license (a driver's license is not a professional license) or a professional certificate, including a teaching certificate, sanctioned by the issuing agency in this or **any state**? Sanction is defined to include: **suspension**; **revocation**; discipline, such as issuance of a **reprimand** or **fine**; or, otherwise conditioned, such as placed on any **restriction** or **probation**. Have you ever **resigned**, **surrendered**, or otherwise **relinquished** a professional license or certificate in this or any other state? Is there **any action pending** in this or any state against a professional license or certificate you hold or held? Is there any action pending in this or any state against an application for a professional license or certificate you have on file? (A determination of academic ineligibility is not considered denial of a license or a certificate.)

If YES to any of these questions, you must give the state, year, license or certificate, issuing agency, and reason in which such action occurred.

State: _____ Year: _____ License or Certificate: _____

Issuing Agency: _____ Reason: _____

AFFIDAVIT

I 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.

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 EDUCATOR PRACTICES COMMISSION.

Applicant Signature

Date

<p>COMMENTS: OFFICIAL USE ONLY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	APPLICATION APPROVED	
	Staffing Officer	Date