

# District Adult Part-Time Certificate Application



Miami-Dade County Public Schools  
 Instructional Certification  
 1450 N. E. 2nd Ave., Suite 260  
 Miami, Florida 33132

School Mail: 9305

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The School Board of Miami-Dade County, Florida is authorized to collect, use or release social security numbers of employees and other individuals for initial instructional certification, renewal, or add-on application [Required by FS 1012.56, and 119.071 (5) (a) 6, and/or authorized by FS 1012.21 and 119.071 (5) (a) 6]. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [FS 119.071(5) (a) 2 & 3].

Please check the certificate service requested:

- Initial/Additional Coverage      \$75.00
- Renewal                                      \$75.00
- Duplicate/Name Change              \$20.00

- Application is non-refundable. Methods of payment:
- Online credit card (Visa or Mastercard) at <http://certification.dadeschools.net/>
- Money order payable to Miami-Dade County Public Schools (M-DCPS)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 High School Graduate?       YES       NO  
 Year Graduated: \_\_\_\_\_ State \_\_\_\_\_  
 Name of School: \_\_\_\_\_

College(s) Attended	State	Date(s) Attended	Graduation Date	Semester Hrs.	Major

**TEACHING EXPERIENCE RECORD:**

Dates of Employment	State	County	Place of Employment	Subjects Taught	Grade	FT/PT	Months per year taught

Please list subject area(s) in which you wish to be certified (\$75.00 per subject selected). Refer to Subject Area Instructional Level Codes Chart.

( 1 ) \_\_\_\_\_ ( 2 ) \_\_\_\_\_

**Please check all that apply:** Do you now hold or have held a Florida Educator's Certificate [ \_\_\_\_\_ ] and/or a Miami-Dade County Public School Educator's Certificate [ \_\_\_\_\_ ] ?

If yes, type \_\_\_\_\_, expiration date \_\_\_\_\_ and subject(s) covered \_\_\_\_\_

If Miami-Dade County Educator's Certificate, Certificate Number: \_\_\_\_\_

**Prior M-DCPS Employee?**       YES       NO      If yes, give your 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)

**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

## SUBJECT AREA INSTRUCTIONAL LEVEL CODES

The instructional level is interpreted as follows:

2 = Adult

Sample: English (Adult) = 2-021

Level	Coverage	Code	Level	Coverage	Code	Level	Coverage	Code
2	Agriculture	800	2	Greek	039	2	Political Science	058
2	Art	300	2	Guidance & Counseling	320	2	Portuguese	042
2	Biology	052	2	Health	311	2	Pre-K/Primary	327
2	Business Education	006	2	Hearing Impaired	302	2	Pre-School Education	306
2	Chemistry	050	2	Hebrew	115	2	Primary Educ. (K-3)	309
2	Chinese	143	2	History	057	2	Psychology	074
2	Computer Science	313	2	Family & Consumer Science	730	2	Reading	146
2	Dance	328	2	Humanities	132	2	Russian	121
2	Drama	150	2	Technology Education	803	2	School Food Service	148
2	Earth/Space Science	310	2	Italian	041	2	School Psychologist	322
2	Economics	059	2	Japanese	040	2	School Social Worker	321
2	Educ. Media Spec.	043	2	Journalism	033	2	Social Science	312
2	Elementary Educ.	020	2	Latin	037	2	Sociology	060
2	Emot. Handicapped	301	2	Marketing	804	2	Spanish	036
2	English	021	2	Mathematics	044	2	Spec. Lean. Disability	202
2	ESOL	172	2	Ment. Handicapped	303	2	Speech	062
2	Exceptional Student Educ.	048	2	Music	307	2	Speech-Lang. Impaired	319
2	French	035	2	Physical Education	207	2	Varying Exceptional.	013
2	Geography	061	2	Physically Impaired	304	2	Visually Impaired	305
2	German	038	2	Physics	051			