District Vocati	ional Certifi	ıcate	Ш	Full-Time	<u> </u>	Part-Time					
Miami-Dade	e County Public Sc	hools	Social Security #:								
1450 N. E Mian Sci	ctional Certification E. 2nd Ave., Suite 2 ni, Florida 33132 hool Mail: 9305	security n add-on ap and 119.0 law or imp [FS 119.0	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 certif	•	• All enti	All entries must be clearly typed or printed using only black or dark blue ink.								
III	☐ Initial/Additional Coverage \$75.00 • Pay online via cred					dit card (VISA or MasterCard) at http://certification.dadeschools.net/					
Renewal	·	A		on-refundable		lication Your applicati	on cannot l	he evaluated until			
☐ Late Renewal☐ Duplicate/Name (\$30.00 \$30.00 • Attach payment confirmation to application. Your application cannot be evaluated unterpretation to application, payment confirmation and any required documents have been received by the Office of Instructional Certification.										
•		beeni				Cortificate renewal	application	is submitted for			
Late Application Fee: A late fee of \$30.00 is required if the District Vocational Certificate renewal application is submitted for renewal of your District Professional Certificate after it has expired. To utilize the late fee option, all requirements for renewal of the certificate must have been completed prior to expiration of the certificate except for submitting the application and fee. The late fee shall not be submitted for reinstatement of the District Professional Certificate. There is no late fee for District Part-Time Certificate renewal.											
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Address				Birthda		//					
City, State, Zip						raduate? 🔲 YE					
Telephone ()						d:	_ State				
Email			_		of School						
College(s) Atter	nded	Sta	te I	e Date(s) Attended		Graduation Date		Major			
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CRIMINAL OFFENS	SE RECORD(S)								
☐ Yes ☐ No									
	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	d State	Date of Arrest	Charge(s)	Disposition(s)					
PROFESSIONAL SA	ANCTION								
TesNO	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 the occurred.	ese questions, you m	oust give the state	, year, license or ce	ertificate, issuing agency, and reason in which such action					
State:	Year:	Licer	nse or Certificate:						
Issuing Agency: _			Reason:						
AFFIDAVIT									
I do hereby certify t the Constitution of t		d will uphold the p	rinciples incorporat	ed in the Constitution of the United States of America and					
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 AND COVERAGE CODES							
LE	EVEL COVERAGE	CODE	LEVEL	COVERAGE	CODE	LEVE	EL COVERAGE	CODE
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