

Educator Certification

DISTRICT RENEWAL APPLICATION

General Information for Renewal

Each district school board shall renew state-issued professional certificates for individuals who hold a state-issued professional certificate and are employed by that district (§1012.585, F.S.)

If you are employed by a private school, or if you are not currently employed as an educator, go to www.fldoe.org/edcert to apply for renewal online, or request an Application Form CG-10R to be mailed to you. You cannot complete and submit this form to the Bureau of Educator Certification.

- Renewal requirements must be completed during the last validity period of the Professional Certificate and prior to expiration of the Professional Certificate. It is the responsibility of each applicant to obtain current information regarding renewal requirements from the employing school district, nonpublic school, or Bureau of Educator Certification.
- The application form and appropriate fee must be submitted during the last year of the validity period of the certificate and prior to the expiration of the Professional Certificate. However, the renewal application may be submitted after expiration of the Professional Certificate if the following criteria are met:
 - Appropriate renewal requirements are completed prior to expiration of the Professional Certificate, and
 - Renewal application form, appropriate application fee, and \$30.00 late fee, are submitted prior to July 1 of the year following expiration of the certificate.
- A grade of at least "C" must be earned in each college course used for renewal. A grade of "pass" or "satisfactory" is an acceptable grade.
- In the event a subject is deleted from the certificate at the request of the certificate holder or due to non-completion of renewal requirements, all requirements which are in effect when an application is submitted to add the subject to the certificate again must be completed. If a subject is deleted which is no longer offered for certification in Florida, it cannot be restored to the Professional Certificate.
- College level credits used for certificate renewal must be completed at an accredited or approved college or university.

NOTE: A subject which has not been renewed during two successive validity periods will be deleted from the certificate.

All documents submitted become part of your official Florida certification record and cannot be returned.

PROVIDE ALL APPLICATION MATERIALS TO:



Instructions for Completing Your Application for Educator Certification

GENERAL INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

- Complete entire application form on your computer or using a black or dark blue ink pen. Do not use pencil.
- Check the appropriate checkbox (i.e. ☒).
- All entries should be clearly typed or hand written in UPPER CASE LETTERS within the boxes provided.
- There should be at least one blank space between each word for any entry.
- DO NOT staple, tape, or use correction fluid on the form.

Ensure that your social security number or Florida DOE # is clearly printed on all documents submitted.

SSN Statement: Collection of your social security number (SSN) is required pursuant to §1012.56, Florida Statutes, for the purpose of 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 §1012.21, Florida Statutes, 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 Florida Educator's Certificate.

Certificate Renewal Requested	Fee
Renewal of my valid Florida Professional Certificate.	\$75.00
LATE Renewal of my recently expired Florida Professional Certificate. <i>NOTE: To use 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.</i>	\$105.00 (\$75 plus \$30 Late Fee)

SUBJECTS RENEWED: Complete the table for each subject on your Professional Certificate for which you have completed credit or the equivalent during this renewal period.

- If renewing by college credit earned, enter the course information in the table and submit an OFFICIAL transcript from each college/university reflecting completion of the appropriate college credit earned.
Each transcript shall bear the seal of the institution and the signature of the registrar.
PHOTOCOPIES are **not** official transcripts.
- If renewing by Florida Inservice Credit points, have your Florida employer complete the Inservice Credit section of this form.
- If renewing by passing a Florida Subject Area Examination (for a subject currently on the certificate) enter this information in the table. Passing scores are automatically submitted to the Bureau of Educator Certification.
- If renewing with your NBPTS certificate, submit a copy of the certificate along with the completed renewal application.
- To use your college teaching experience to satisfy renewal requirements, request that the registrar at your college/university submit a letter listing the prefix, number and name for each course, the number of semester hours earned by students in each course and the dates the courses were taught.
- If you wish to delete a subject from your certificate, enter the subject in the table and write "delete" in any adjacent Method of Renewal column.

LEGAL DISCLOSURE: 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. You must complete the **Affidavit** at the end of the Legal Disclosure Supplement for your application to be complete.

AFFIDAVIT: You must read, print your name, and affix your legal signature.



DISTRICT APPLICATION FOR RENEWAL OF
A FLORIDA EDUCATOR'S CERTIFICATE

District School Board of Pasco County
Human Resources, Certification Department
7227 Land O' Lakes Blvd.
Land O' Lakes, FL 34638

Official Use Only

Date Stamp

Payment Amount \$ _____

Payment Number _____

Payment Method (check one)

☐ Cashiers Check/Money Order ☐ Check

PLEASE READ INSTRUCTIONS ABOVE BEFORE COMPLETING.

PERSONAL INFORMATION Complete entire Application in UPPERCASE letters using only black or blue ink.

1. Social Security Number:		2. Birth Date: MM/DD/YYYY		3. Are you a US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:					
4. First Name		5. Middle Name		6. Last Name	
Mailing Address:					
7. Street Address				Apartment/Unit #	
8. City		9. State		10. ZIP Code	
11. Phone:	()	12. Country:			
13. E-mail Address:					
14. What is your gender? (Optional)		<input type="checkbox"/> M <input type="checkbox"/> F			
15. Are you Hispanic or Latino? (Optional, choose only one)		<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino			
16. What is your race? (Optional, mark all that apply)		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			

SUBJECTS TO BE RENEWED

List Subject(s) to be Renewed and Method of Renewal for Each Subject:

[Please attach a separate sheet with your name and social security number if you need more space.]

Subject(s) to be Renewed:	Method of Renewal				
	College Credit Earned Course Number	Name of Institution	Florida Inservice Credit Number of Points	Subject Area Test	NBPTS Certificate

INSERVICE CREDIT (TO BE COMPLETED BY DISTRICT OFFICE)

Inservice Credit Completed Through an Approved Florida Master Inservice Program

Name of District or School: PASCO COUNTY PUBLIC SCHOOLS

Inservice Program:

Starting Date: _____
MM/DD/YYYY

Ending Date: _____
MM/DD/YYYY

Includes "Banked" Inservice Points
☐ (CHECK HERE)

I hereby verify that the applicant satisfactorily participated in an approved inservice teacher education program and earned ____ points to renew the subjects shown above.

Signature of Authorized School Official

Position or Title

Date



**DISTRICT APPLICATION FOR RENEWAL OF A
FLORIDA EDUCATOR'S CERTIFICATE**

District School Board of Pasco County
Human Resources Certification Department
7227 Land O' Lakes Blvd

First Name _____

Last Name _____

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

After answering each of the following questions, you must sign the **Affidavit** to complete this section of your application. Please refer to the instructions in the Legal Disclosure Supplement on the next 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.

- ☐ YES ☐ NO Have you ever had any record sealed or expunged in which you were **convicted** of a criminal offense?
- ☐ YES ☐ NO Have you ever had any record sealed or expunged in which you were **found guilty** of a criminal offense?
- ☐ YES ☐ NO Have you ever had any record sealed or expunged in which you had **adjudication withheld** on a criminal offense?
- ☐ YES ☐ NO Have you ever had any record sealed or expunged in which you pled **nolo contendere** to a criminal offense?
- ☐ YES ☐ NO Have you ever had any record sealed or expunged in which you **pled guilty** to a criminal offense?
- ☐ YES ☐ 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?
- ☐ YES ☐ NO Do you have a petition pending to seal or expunge any criminal offense record?

SEALED or EXPUNGED records **MUST BE REPORTED** pursuant to ss. 943.0585 and 943.059, Florida Statutes. However, existence of such records **WILL NOT BE DISCLOSED** nor 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.

- ☐ YES ☐ NO Have you ever been **convicted** of a criminal offense?
- ☐ YES ☐ NO Have you ever been **found guilty** of a criminal offense?
- ☐ YES ☐ NO Have you ever had **adjudication withheld** on a criminal offense?
- ☐ YES ☐ NO Have you ever pled **nolo contendere** to a criminal offense?
- ☐ YES ☐ NO Have you ever **pled guilty** to a criminal offense?
- ☐ YES ☐ NO Have you ever entered into a **pretrial diversion program** or **deferred prosecution program** related to a criminal offense?
- ☐ YES ☐ 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.

- ☐ YES ☐ NO Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
- ☐ YES ☐ 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?
- ☐ YES ☐ NO Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
- ☐ YES ☐ 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?
- ☐ YES ☐ 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 conditions?
- ☐ YES ☐ 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?
- ☐ YES ☐ 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?

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

CG-10R RENEWAL APPLICATION FORM (2009) LEGAL DISCLOSURE 1 – District Version

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	Charge(s)	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest	Charge(s)	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: _____

AFFIDAVIT

I do hereby affirm by my signature that all information provided in this application and supplement 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.

Printed Name

Signature of Applicant

School Site

Date

