



# Letter of Intent



I hereby represent my understanding of the requirements for successful completion of the Brevard Public Schools Professional Development Certification Program outlined in the program materials. I hereby declare my commitment to participate fully and at the time of this application, dated below. I am not aware of any reason or conflict that might interrupt or prevent my completion of the program. I will complete my program no later than May 31<sup>st</sup> of my certificate expiration year. I affirm I will complete all of my required Florida Teacher Certification Tests and notify the PDCP Coordinator of any changes to my teaching status while I am active in the program. I understand I must complete this program prior to the expiration of my temporary teaching certificate to remain employed as a classroom teacher by Brevard Public Schools.

I understand, upon successful completion of the Professional Development Certification Program, I will receive a reimbursement of the \$300.00 initial payment upon successful completion of the program. In addition, I am expected to continue my employment with Brevard Public Schools, as a certified classroom teacher, for a minimum of three years, as a good faith exchange for the training and expense incurred by Brevard Public Schools.

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Signature

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Print Name

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BPS Employee ID

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Date