



SCHOOL BOARD OF BREVARD COUNTY

Human Resources

2700 Judge Fran Jamieson Way, Viera, FL 32940

Phone: (321) 633-1000 * Fax: (321) 633-3433

APPLICATION FOR AN INITIAL OR RENEWAL OF A PART-TIME ADULT EDUCATION DISTRICT CERTIFICATE

A **\$75.00 Processing Fee** in the form of a personal check or money order made payable to **THE SCHOOL BOARD OF BREVARD COUNTY** must accompany each **INITIAL OR RENEWAL** application. **Current BPS employees** may submit a payroll deduction sheet for **RENEWAL** only. **THE FEE IS NON-REFUNDABLE.**

FINGERPRINTING authorized by the Federal Bureau of Investigation for use by the School Board of Brevard County must be submitted with the required fee for all initial certification applications. Contact the Brevard Public Schools District Security office for information and fee schedule at (321)633-1000, Ext 233. For **RENEWALS** please include a completed Level II Fingerprint Form which can be obtained from your school/department secretary.

INITIAL (NEW) APPLICATIONS MUST SUBMIT OFFICIAL TRANSCRIPTS from an accredited institution.

Please choose **one**:

Application for an Initial (**NEW**) District Part-Time Adult Education Certificate

Renewal Application for a District Part-Time Adult Education Certificate

For Certification Only!

Certificate Code: _____

Subject Requested: _____

Validity Period: _____

School/Dept.: _____

SSN Statement: Collection of your social security number (SSN) is required pursuant to Florida Statutes 1012.56, 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 Florida Statutes 1012.21, 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 District Part-time Adult Educator's Certificate.

PERSONAL INFORMATION:

Name:		
Last	First	Middle/Maiden
SSN#: _____	DOB: _____ MM/DD/YEAR	Phone No: _____ Include 10 digit phone no.
U.S. Citizenship: YES _____		NO _____
Address: _____		
Street or Route	City	State Zip Code
<i>Completion of this section is optional:</i>		
_____ Male	_____ White Non-Hispanic	_____ Black Non-Hispanic _____ Hispanic
_____ Female	_____ Asian/Pacific Islander	_____ American Indian/Alaskan Native

ACADEMIC RECORD:

Name of College(s)/Branch Campus	State	Degree	Major	Sem. Hrs.	Attendance Dates



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TEACHING EXPERIENCE

Dates of Employment	Name of School/Employer	State	Subject and Grade Level	Please choose one		Dates of Service	Public or Private School
				Full-time (F)	Part-time(P)		

ARREST/REVOCAION RECORD:

<input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? SEALED OR EXPUNGED RECORDS must be reported pursuant to S.943.058; F.S. Failure to answer this question accurately could cause denial of certification. A YES OF 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 if you need more space.				
City Where Arrested	State	Date of Arrest	Charges	Disposition(s)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever had a teaching certificate revoked, suspended, or denied by a state other than Florida; or is there any action pending against your certificate or application in another state? (A determination of academic ineligibility is not considered denial of a certificate.) If YES, you must give the state where your certificate was revoked, suspended, or denied, or where action is pending against your certificate or application. STATE: _____				

AFFIDAVIT:

I, _____ do hereby certify that I subscribe to and will uphold the principles
(Print Name)

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 District certificate is true, accurate, and complete.

Warning: Giving false information in order to obtain or renew a District 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.

_____ Date

Applicant's Signature



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COMPLETE THIS AREA FOR RENEWAL ONLY:

Please check one of the following:

- College Credit
- College Credit and In-service Credit
- In-service Credit

If **COLLEGE CREDITS** please complete the following. Official transcripts must be submitted for course work listed below.

Certification Coverage to be Renewed	Course Number	Course Title	Institution

If **IN-SERVICE CREDITS** please complete the following. In-service credit transcripts must be submitted for all items listed below.

Certification Coverage to be Renewed	In-service Points

OFFICIAL USE ONLY

PLEASE DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE! FOR CERTIFICATION DEPARTMENT ONLY!

Starting and Ending dates: _____ / _____ to _____ / _____
Month Year Month Year

I hereby verify the applicant satisfactorily participated in an approved in-service teacher education program and earned the credits listed above, or has submitted college credits to renew their certificate.

 Signature of Authorized School Official

 Date