



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 A DISTRICT CAREER & TECHNOLOGY EDUCATION CERTIFICATE

GENERAL INFORMATION:

This application form is to be used for an Initial Temporary, Initial Professional or Renewal of a District Career and Technology Education 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** application. **Current BPS employees** may submit a payroll deduction sheet for **CERTIFICATE RENEWAL**.

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.

Official sealed transcripts are required for all initial applications, and temporary to professional certificate.

PERSONAL INFORMATION:

Applicant Name: _____			
Last	First	Middle/Maiden	
Social Security# _____	Birth Date: _____	Phone #: _____	
Address: _____			
Street or Route	City	State	Zip Code
U.S. Citizen? Yes: _____		No: _____	
Completion of this section is optional:			
_____ Male	_____ Female	_____ White Non-Hispanic	
_____ Hispanic	_____ Black Non-Hispanic	_____ Asian/Pacific Islander	
_____ American Indian/Alaskan Native			

PLEASE CHECK TYPE OF CERTIFICATE OR ACTION REQUIRED: (ONE REQUEST PER APPLICATION)

FULL-TIME NON-DEGREED CAREER & TECH ED CERTIFICATE

- _____ Initial Full-Time Temporary Career & Technology Education Certificate
- _____ Initial Professional Career & Technology Education Certificate
- _____ Renewal of Valid Professional Certificate

FOR CERTIFICATION ONLY:

Certificate Code: _____
Coverage Requested: _____
Validity Period: _____
School: _____



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ACADEMIC RECORD: Applicants for **INITIAL** full-time District Career and Technology Education Certificate.

Name of College(s)/Branch Campus	State	Degree	Major	Semester Hours	Date of Graduation

TEACHING EXPERIENCE:

Dates of Employment	Name of School/Employer	State	Subject and Grade Level	Full Time (F) Part Time(P)	Number of Months Taught Per Year	Public or Private School

ARREST/REVOCAION RECORD:

Check One Box		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 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 if you need more space.			
YES	NO				
City Where Arrested	State	Date of Arrest	Charges	Disposition(s)	
Check One Box		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.			
YES	NO				
STATE: <u> x </u>					



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INITIAL DISTRICT CAREER AND TECHNOLOGY EDUCATION CERTIFICATE ONLY:

Full-time and/or Part-time Occupational Experience Verification:

For each employer you list below, a letter verifying occupational experience must be submitted. All letters verifying occupational experience must include the following:

1. Business stationary or notarized affidavit. (Computer generated business letterhead requires a notarized affidavit).
2. Verification of full-time or part-time occupational experience (i.e. 40 clock hours per week or if part-time, the total number of hours worked on a part-time basis must be verified).
3. Include month, day, and year for beginning and ending dates of employment. (Determines length of service and recency.)
4. Job title. In some cases, a job description will be required by the Certification Office to evaluate the occupational experience.
5. Signature of employer.

County and State	Place of Employment	Trade Occupation	Employment Dates	Number of Months	P/T <u>or</u> F/T

AFFIDAVIT:

I, _____ do hereby certify that I subscribe to and
(Print Full Name)

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 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.

Applicant's Signature

Date



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BASIS FOR RENEWAL:

Please check one of the following:

_____ College Credit

_____ College Credit and In-service Credit

_____ In-service Credit

If **COLLEGE CREDITS** please complete the following:

Certification Coverage to be Renewed	Course Number	Course Title	Institution

Official transcripts must be submitted for course work listed above!

OFFICIAL USE ONLY

To be completed by Professional Learning and Development staff only.

Certification Coverage to be Renewed	In-service Points

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

I hereby verify the applicant satisfactorily participated in an approved inservice teacher education program and earned the points listed above.

 Signature of Authorized School Official

 Date

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 Career and Technology Education Certificate.