

CG-10 APPLICATION FORA FLORIDA EDUCATOR'S CERIIFICATE

Florida Department of Education

Bure a u of Ed uc a tor Certific a tion Room 201, Turling ton Building 325 West Gaines Street Talla hassee, FL32399-0400

Official Use Only	FLDOE Date Stamp
PA	
PM CK CA NO VO	
PN	
AFF Yes No	

		AFF	○ Yes	O No			
PERSONALINFORMATION: Complete entire Applicat	ion in UPPERCAS	E le tte rs usin	g only black	orblue ink.			
1. Social Security Number	2. Birth	Date (MM	/ DD / YYYY	·)	3. Are you a US Citizen?		
	\mathbf{M} \mathbf{M}	D D Y Y	Y Y		○ Yes ○ No		
4. First Name	5. Mid	dle Name					
6. Iast Name							
				14. What is	your gender? (Optional)		
7. Mailing Address				<u> </u>	○ F		
					Hispanic or Latino?		
			_	(Optional, choose only one) No, not Hispanic or Latino			
					panic or Latino		
8. City				16. What is	your race?		
				(Optional,	mark all that apply)		
9. State 10. Zip Code 11. Pho	one				American Indian or Alaska Native		
	+ +			Asian Rhaka	ur African Amarican		
12. Country				Blackor African American Native Hawaiian or Other Pacific Islander			
				White			
13. E-mail Address:							
			\Box				
CURRENT VALID FLORIDA EDUCATOR'S							
Please select your currently valid Florida Certificate Ty	rpe.	Please indic	ate the validi	ly period of yo	our Florida Certificate.		
Pro fe ssio na l No n- Re ne wa	ble Temporary						
Athletic Coaching One-year Ter	n po ra ry	July	7 1,	L to J	une 30,		
Select here if you do not hold a currently v	alid Florida Educ	ator's Certific	cate.				
C ERTIFIC ATE OR SERVICE REQUESTED:							
Please select the Certificate Service Requested.	(Ple a se se le c t o n	nly one servic	e perapplica	a tio n)			
INITIAL (Fill in subject c	ode boxbelow)			\$75 p	o e r sub je c t se le c te d		
ADDNEW (Fill in subject c	ode boxbelow)			\$75 p	o e r sub je c t se le c te d		
PRO C ERT (Fill in subject c	ode boxbelow)			\$75 c	nly		
NEW PRO (Fill in subject c	ode boxbelow)			\$75 p	o e r sub je c t se le c te d		
COACH (Skip to next see	e tio n)			\$75 c	nly		
CSkip to next sec	e tio n)			\$75 c	nly		
O DELETE (Fill in subject c	ode boxbelow)			\$20 p	persubject selected		
COPYCERT (Skip to next see	e tio n)			\$20 0	only		
NMCHANGE (Skip to next see				\$20 0	-		
List the subject(s) for type of Certificate or Service Requested (Refer to Subject Area/Grade Level Chart)							
				-	Ε		

ACADEMIC	TRAINING: PLEAS	ENOTEA	ШСОЩЕСТ	SATIE	NDED							
Name of College(s)/Branch Campus		ous	Sta te D		Graduation Degree Date		Major		O Se m Hrs		er Cre dits	
										Sem His		Attendance Dates
NAME IF DIFFERENT WHEN ATTENDING PRINT NAME (LAST, FIRST, MIDDLE)												
TEAC HIN (G EXPERIENC	E RECO	RD (Substit	ute te a	a c hing	expe	rience is	notapprop	ria te .))		
List Teaching I	Experience Since	Last Florid	la Certificatio	on App	olication	ı Sub	mitted					
	mployment D/YYYY)		Name o	f Emplo	yer					1 5 11 6	r	DIE DE
Be g in	End	Sc h	ool Na m e		Coun	ty	64_4_			ra de Full-Tim e evel Part-Tim e		Public or Private School
NON-FLO	RIDA EDUCATO	R CERT	TIFIC A TE /	LIC E	NSES:	Inc lu	de A Pho	otocopy of Y	our C	e rtific a te (s)	(Fron	t-back) for Review
Се	rtificate Type		Sta te/ Na tio na l	Subject And Grade Levels						Va lidity Perio d		
LEGAL DI	SCLOSURE											
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. The Affidavit section must be completed with your signature both times it occurs within the form, just below and at the end of the Legal Disclosure Supplement, for your application to be complete.												
AFFIDAVI	г											
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I,	PRINT N	AME		, do h	ie re by c	ertily	thatIsub	scribe to and	w ill up	hold the pri	nc ip le s	s incorporated in
	stitution of the Unite by affirm that all in								a o to	ia t	to o	nd complete
WARNING UNDER F	G: GIVING FALSE I IORIDA IAW. ANY NARY ACTION BY TH	NFORMATIO	ON IN ORDER NG FALSE INF	TO OB	MAIN OR MON ON	RENI THIS	EW A FLO	RIDA EDUCATO	OR'S C	ERTIFICATE I	S A CI	RIMINAL OFFENSE
	APPLICANT'S S	GNATURE					DATE					
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Florida Department of Education Bure a u of Ed uc a tor Certific a tion

Room 201, Turling to n Building 325 We st Gaines Street Ta lla ha sse e , FL 32399-0400

PERSONAL INFORMATION

Complete in UPPERCASE letters using only black or blue ink.							
Social Security Number							
First Name							
Last Name							

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

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.

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 Disc losure Supplement on the reverse side of this page for additional information regarding this section of the application form.

O YES	O NO	Have you ever had any record sealed or expunged in which you were convicted of a criminal offense?
O YES	O NO	Have you ever had any record sealed or expunged in which you were found guilty of a criminal offense?
O YES	O NO	Have you ever had any record sealed or expunged in which you had adjudication withheld on a criminal offense?
O YES	O NO	Have you ever had any record sealed or expunged in which you pled nolo contendere to a criminal offense?
O YES	O NO	Have you ever had any record sealed or expunged in which you pled guilty to a criminal offense?
O YES	O 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?
O YES	O NO	Do you have a petition pending to sealor expunge any criminal offense record?
		ords MUSTBE REPORIED pursuant to ss. 943.0585 and 943.059, Florida Statutes. However, existence of such records normade part of your certification file which is public record.
		PRD(S) (Report any record other than sealed or expunged in this section.) ng questions, if your answer is YES, please select YES. Otherwise, select NO.
O YES	O NO	Have you everbeen convicted of a criminal offense?
O YES	O NO	Have you everbeen found guilty of a criminal offense?
O YES	O NO	Have you everhad adjudication withheld on a criminal offense?
O YES	O NO	Have you ever pled nolo contendere to a criminal offense?
O YES	O NO	Have you ever pled guilty to a criminal offense?
O YES	O NO	Have you everentered into a pretrial diversion program or deferred prosecution program related to a criminal offense?
O YES	O NO	Are there currently charges pending against you for any criminal offense?
		ORCERIIFICATE SANCTION(S) ng questions, if your answer is YES, please select YES. Otherwise, select NO.
O YES	O NO	Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
O YES	O NO	Have you everbeen 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?
O YES	O NO	Have you everhad a professional license or certificate suspended or revoked in this state or any other state?
O YES	O 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?
O YES	O NO	Have you everhad 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?
O YES	O 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?
O YES	O 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 affirm a tive response in the Legal Disclosure Supplement on the reverse side of this page and submit it along with your application form.

LEGAL DISCLOSURE SUPPLEMENT

Florida Law requires you to provide a YES or NO answer to the questions within the Legal Disc losure section of your application, even if previously submitted. If you answered YES to any question in the Legal Disc losure section on the application form, you must provide detailed complete information for each affirmative response within the corresponding section in this Legal Disc losure 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 <u>not</u> a minor traffic violation and should be disclosed on this form.

				professional license does review by the Office of P		qualify a person from receiving a Services.				
A person is ineligible fore Statutes. Please refer to w					squalifying offense as	s liste d in Se c tio n 1012.315 Flo rid a				
First Name	Middle	Name		Last Name	Former Name	Any Other Last Names / Aliases				
SEALED OR EXPUNGED RECORD(S)										
City Where Arrested	l Sta	te Date o	f Arrest	C ha rg e	Ple a	Disposition (outcome)				
CRIMINAL OFFEN	SE RECOR	D (S)								
City Where Arrested	l Sta	Da te o	f Arrest	C ha rg e	Ple a	Disposition (outcome)				
PRO FESSIO NAL LI	CENSE O	R CERTIF	IC A TE	SANCTION(S)						
Sta te :		Ye a r: _		License or Cer	tific a te :					
Issuing Agency:				Sanction and I	Re a so n:					
State: Year: License or Certificate:										
Issuing Agency: Sanction and Reason:										
State: Ye ar: Lic ense or Certific ate:										
Issuing Agency: Sanction and Reason:										
AFFIDAVIT										
-	-		_			ent is true, accurate, and complete. ATE IS A CRIMINALOFFENSE UNDER				

FIO RIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO CRIMINAL PROSECUTION, AS WELLAS DISC IPLINARY

ACTION BY THE EDUCATION PRACTICES COMMISSION.

APPLICANT'S SIGNATURE

CG-10 APPLICATION FORM (2009) LEGAL DISCOLOSURE 2