



CG-10 APPLICATION FOR A
FLORIDA EDUCATOR'S CERTIFICATE

Florida Department of Education
Bureau of Educator Certification
Room 201, Turlington Building
325 West Gaines Street
Tallahassee, FL 32399-0400

Official Use Only		FDOE Date Stamp
PA	<input type="text"/>	
PM	<input type="radio"/> CK <input type="radio"/> CA <input type="radio"/> MO <input type="radio"/> VO	
PN	<input type="text"/>	
AFF	<input type="radio"/> Yes <input type="radio"/> No	

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?

☐ Yes ☐ No

4. First Name

5. Middle Name

6. Last Name

7. Mailing Address

8. City

9. State

10. Zip Code

11. Phone

12. Country

13. E-mail Address:

14. What is your gender? (Optional)

☐ M ☐ F

15. Are you Hispanic or Latino?

(Optional, choose only one)

☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino

16. What is your race?

(Optional, mark all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

CURRENT VALID FLORIDA EDUCATOR'S CERTIFICATE INFORMATION

Please select your currently valid Florida Certificate Type.

☐ Professional ☐ Non-Renewable Temporary
☐ Athletic Coaching ☐ One-year Temporary

Please indicate the validity period of your Florida Certificate.

July 1, to June 30,

☐ Select here if you do not hold a currently valid Florida Educator's Certificate.

CERTIFICATE OR SERVICE REQUESTED: See Instructions for Assistance

Please select the Certificate Service Requested. (Please select only one service per application)

<input type="radio"/>	INITIAL	(Fill in subject code box below)	\$75 per subject selected
<input type="radio"/>	ADDNEW	(Fill in subject code box below)	\$75 per subject selected
<input type="radio"/>	PRO CERT	(Fill in subject code box below)	\$75 only
<input type="radio"/>	NEWPRO	(Fill in subject code box below)	\$75 per subject selected
<input type="radio"/>	COACH	(Skip to next section)	\$75 only
<input type="radio"/>	RETEMP	(Skip to next section)	\$75 only
<input type="radio"/>	DELETE	(Fill in subject code box below)	\$20 per subject selected
<input type="radio"/>	COPY CERT	(Skip to next section)	\$20 only
<input type="radio"/>	NMCHANGE	(Skip to next section)	\$20 only

List the subject(s) for type of Certificate or Service Requested (Refer to Subject Area/Grade Level Chart)

ACADEMIC TRAINING: PLEASE NOTE ALL COLLEGES ATTENDED

Name of College(s)/Branch Campus	State	Degree	Graduation Date	Major	Sem Hrs	Other Credits Attendance Dates

NAME IF DIFFERENT WHEN ATTENDING

PRINT NAME (LAST, FIRST, MIDDLE)

TEACHING EXPERIENCE RECORD (Substitute teaching experience is not appropriate.)

List Teaching Experience Since Last Florida Certification Application Submitted

Dates of Employment (MM/DD/YYYY)		Name of Employer			Subject	Grade Level	Full-Time Part-Time	Public or Private School
Begin	End	School Name	County	State				

NON-FLORIDA EDUCATOR CERTIFICATE / LICENSES: Include A Photocopy of Your Certificate(s) (Front-back) for Review

Certificate Type	State/ National	Subject And Grade Levels	Validity Period

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. 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.

AFFIDAVIT

I, _____, do hereby certify that I subscribe to and will uphold the principles incorporated in
PRINT NAME
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 Florida Educator's Certificate 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.

APPLICANT'S SIGNATURE

DATE

..... OFFICIAL USE ONLY

EMPLOYER DATE STAMP	Payment Included		
	Amount	Method	Number
	\$ _____	<input type="checkbox"/> CK <input type="checkbox"/> MO	_____

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	Plea	Disposition (outcome)

CRIMINAL OFFENSE RECORD(S)

City Where Arrested	State	Date of Arrest	Charge	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 section and supplement is true, accurate, and complete.

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APPLICANT'S SIGNATURE

DATE