Florida Department of Education Bureau of Educator Certification Room 201, Turlington Building

325 West Gaines Street District Number Communication Number Tallahassee, FL 32399-0400

Applicant’s Personal Information

DOE LICENSE Number First Name

**C T 1 1 6**

Middle Name Last Name

**Verification of Inservice Points**

|  |
| --- |
| **Inservice Training: Beginning Date / / Ending Date / /** **MM DD YYYY MM DD YYYY** |

**Renewal of the Professional Certificate**

 **Name of District or School: PINELLAS COUNTY**

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| --- |
| **List Subject(s) to be Renewed and Method of Renewal for Each Subject** |
| **Subject(s) Renewed** | **Method of Renewal** |
|  | Inservice Includes Banked Method by which Semester Name InstitutionPoints Points In Points Were Earned Hours Course Prefix &Course Number |
|  □SWD □INSERVICE POINTS  □ESOL □COLLEGE CREDIT  □READING □SAE |
|  □SWD □INSERVICE POINTS  □ESOL □COLLEGE CREDIT  □READING □SAE |
|  □SWD □INSERVICE POINTS  □ESOL □COLLEGE CREDIT  □READING □SAE  |
|  □SWD □INSERVICE POINTS  □ESOL □COLLEGE CREDIT  □READING □SAE |
| **SWD/ESE CREDITS-20****\*READING MANDATE CREDITS -40 -\***[**https://www.pcsb.org/Page/42021**](https://www.pcsb.org/Page/42021%20) **(LIST OF SUBJECTS)** **\*EDUCATIONAL LEADERSHIP CREDITS-20-if Ed Ldrship, Principal listed****EMAIL COMPLETED FORM TO:** **certification@pcsb.org****DISTRICT OFFICE PERSONNEL TO COMPLETE:****I hereby verify that this applicant satisfactorily participated in an approved Florida master inservice program and** **Earned \_\_\_\_\_\_\_\_\_\_\_\_points to renew the subjects above.****Signature of Authorized School Official: Date:****UPDATED: 3/2025** |