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**

|  |  |
| --- | --- |
| **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 Institution  Points 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**](mailto: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** | |