



PINELLAS COUNTY SCHOOLS
**APPLICATION FOR A DISTRICT/VOCATIONAL CERTIFICATE
 AND
 RENEWAL FORM FOR DISTRICT/VOCATIONAL
 CERTIFICATE**

Return application to:
 Certification/Human Resources
 Largo Administration
 301 4th St SW
 Largo, FL 33770

All applications require a processing fee of \$75. Check or Money Order made payable to Pinellas County Schools.
 Current teachers may pay for the processing fee by payroll deduction.

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|----------------------------------|-----------------|----------------|-----------------|-----------------|
| PERSONNEL INFORMATION | (Last name) | First Name () | Middle Name () | Former Name () |
| | Street (Apt #) | City | State | Zip |
| | Phone _____ | | | |

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|------------------------------|---|---------------------------------|--|
| CERTIFICATE REQUESTED | TEMPORARY (Full time) | | May need additional requirements: ESOL Training, TTT or College Vocational Courses, etc. |
| | (1) Subject _____ Code _____ | (2) Subject _____ Code _____ | |
| | INITIAL PROFESSIONAL (Full time) | | |
| | (1) Subject _____ Code _____ | (2) Subject _____ Code _____ | |
| | RENEWAL PROFESSIONAL (Full time) | | 100 - General Credits 20 - ESE/SWD |
| | (1) Subject _____ Code _____ | (2) Subject _____ Code _____ | |
| | PART TIME: INITIAL ___ RENEWAL ___ | | |
| | (1) Subject _____ Code _____ | (2) Subject _____ Code _____ | |

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|-----------------------------------|---|------------------------|---|
| INDUSTRY CERTIFICATION | SUBMIT COPY OF INDUSTRY CERTIFICATION WITH APPLICATION OR EMAIL CERTIFICATION@PCSB.ORG | | |
| | Subject: _____ | Validity Period: _____ | <input type="checkbox"/> Attached <input type="checkbox"/> Emailed |

| ACADEMIC RECORD | SUBMIT OFFICIAL TRANSCRIPTS FOR ALL COURSES (Complete only if applying for first time/NA for vocational) | | | | |
|----------------------------|---|-------|--------|------|------------------|
| | Name of College(s) Branch Campus | State | Degree | Date | Graduation Major |
| | | | | | |

| SUBJECT RENEWED | LIST SUBJECT(S) TO BE RENEWED AND METHOD OF RENEWAL FOR EACH SUBJECT (Full time only) ENCLOSE OFFICIAL DOCUMENTATION Requirements: 100 General Credits; 20 ESE/SWD | | |
|------------------------|---|---|--------------------------|
| | Subject(s) Renewed | Method of Renewal: | Florida Inservice Credit |
| | | College Credit (Include official transcripts) | |
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|-----------------------------------|--|-------|---|--|---|
| VOCATIONAL INFORMATION | Complete ONLY IF APPLYING FOR FIRST TIME VOCATIONAL CERTIFICATE | | | | |
| | High School Diploma or GED Yes ___ No ___ | | Name of High School _____ City _____ State _____ | | Year Graduated |
| | Work Experience/Job Title | Dates | Name of Employer | | Full Time (F) # of months Part Time (P) Employed |
| | | | | | |
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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) |
|---------------------|-------|----------------|--------|------|-----------------------|
| | | | | | |
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| | | | | | |
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CRIMINAL OFFENSE RECORD(S)

| City Where Arrested | State | Date of Arrest | Charge | Plea | Disposition (outcome) |
|---------------------|-------|----------------|--------|------|-----------------------|
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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 and supplement 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

