



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

Communication Number

C T 1 1 0 S

Applicant's Personal Information

Social Security Number

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DOE Number

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Date of Birth (MM/DD/YYYY)

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First Name

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Last Name

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**REQUEST FOR ISSUANCE OF A SPECIAL TEMPORARY FLORIDA EDUCATOR'S CERTIFICATE
 COVERING EDUCATIONAL LEADERSHIP**

Note: Only public schools and nonpublic schools which have a system for demonstration of Professional Education Competence (PEC) that has been approved by the Florida Department of Education may request a certificate.

Complete the Applicant Information below:

Begin Date of Certificate Validity: July 1, _____ Date Employed: _____

Street Address: _____

City _____ Zip Code _____

Email: _____ @ _____

Complete the Employment Experience Verification Information below:

Executive Management or Leadership Position: _____

Employer: _____

Employment Begin Date: _____ Employment End Date: _____

The employment verified herein is approved as three (3) years of full-time, successful experience acceptable to meet eligibility requirements for the special temporary certificate in Educational Leadership.

Applicant completed fingerprint submission on _____ via an FDLE-approved Livescan Service Provider.
MM/DD/YYYY

Background screening results have been sent directly to DOE/Teacher/Certification [ORI = FL921620Z].

Select the correct citizenship status:

1. _____ Applicant is a citizen of the United States.

2. _____ Applicant is not a citizen of the United States, but is eligible for employment. A photocopy of the I-9 form verifying eligibility for employment signed by an official of this school/organization is attached.

Complete the Organization Information below:

Name of District or PEC Organization: _____

City _____ Zip Code _____

Telephone: _____ Email: _____ @ _____

A Florida state-certified school administrator shall be designated to serve as the educational leadership mentor for this Applicant during the term of the special temporary certificate in Educational Leadership.

As a duly authorized officer of my school district/organization, I certify that all the above information is true and accurate.

Signature: _____ **Date:** _____
(Superintendent, Chief Administrative Officer or Authorized Designee)