

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 8

licant's Personal Information								
Social Security Number	First Name	1 1 1	1 1					
Middle Name	Last Name							
		1 1				I I		
VERIFIC	ATION OF THE D	EMONSTI	RATION	N OF				
PROFESSIO	NAL EDUCA	TION C	OMPI	ETEN	ICE			
The teacher was employed under or	no of the following co	rtificatos (Cl	hook one	hov).				
The teacher was employed under of	ie of the following ce	runcates (Ci	neck one	DUX.);				
Florida Temporary Certificate Florida District Vocational Certificate (Applicant must hold bachelor's or higher degree, and copy of district.)								
		icani musi nota icate must be att			aegree, a	па сору	oj aisti	rici
Dates of Program Participation:								
Begin Date of Program Participation								
								-
End Date of Program Participation								-
The applicant has satisfactorily all educators in Florida through								•
system.	The second secon			F				
(Box must be checked.)								
I certify the data entered on the	is form is true and a	ccurate.						
(Box must be checked.)								
Name of State-Supported/Nonpublic	School or Approved ()rganization:						
								-
Signature:			Deta	a•				
(Chief Administrative			Dau					-
(Sive) Luminismative	- JJ voo. Or I I will work Low	_ = ===================================						