



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

**RENEWAL OR REINSTATEMENT APPLICATION**

FLDOE DATE STAMP

**1. RENEWAL OR REINSTATEMENT REQUESTED FOR EDUCATOR CERTIFICATION CERTIFICATE/LICENSE (6001)**

Service	Description of Service Requested	Fee
<input type="checkbox"/> RENEWAL (2020)	I want to apply for RENEWAL of my Florida Professional Certificate which has not yet expired.	\$75.00
<input type="checkbox"/> LATE RENEWAL (7020)	I want to apply for LATE RENEWAL of my Florida Professional Certificate which has recently expired (not more than one year).	\$105.00 (\$75 plus \$30 late fee)
<input type="checkbox"/> REINSTATEMENT (1570)	I want to apply for REINSTATEMENT of my expired Florida Professional Certificate.	\$75.00 per subject

**2. PERSONAL INFORMATION**

U. S. Social Security Number <input type="text"/>	DOE License Number <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/>	U.S. Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No
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First Name (Given Name) <input type="text"/>	Middle Name <input type="text"/>	Last Name (Family Name) <input type="text"/>
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Mailing Address (Street Number and Street Name)

  
  


City <input type="text"/>	State <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>
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Email Address (For Official Communication from Educator Certification)

**OPTIONAL**

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Mark all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander
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**3. SUBJECTS RENEWED OR REINSTATED**

a. Will you be renewing or reinstating ALL current subjects on your certificate?  Yes (Skip to section 4)  No

b. If no, please list subjects in the spaces below that you will not be renewing or reinstating on your certificate:

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
4. <input type="text"/>	5. <input type="text"/>	6. <input type="text"/>

**4. RENEWAL OR REINSTATEMENT CREDIT**

a. Florida Inservice Points (Verified by Florida employer with an approved master inservice program )	Subject to Renew or Reinstatement	Employer and Number of Points	Start Date mm/dd/yyyy End Date mm/dd/yyyy	Use for SWD? Y/N
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. College Credit or Teaching Experience	Subject to Renew or Reinstatement	Institution and Course Prefix and Number	Start Date mm/dd/yyyy End Date mm/dd/yyyy	Use for SWD? Y/N
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<b>(Submit official transcript)</b>				
<b>c. Subject Area Examination (ONLY FOR RENEWAL)</b>	<b>Subject to Renew or Reinstatement</b>	<b>Name of Subject Area Exam</b>	<b>Date Taken mm/dd/yyyy</b>	<b>Use for SWD? Y/N</b>
<b>d. NBPTS Certificate (Include a photocopy of the front and back of your certificate(s) for review)</b>	<b>Subject to Renew or Reinstatement</b>	<b>Certificate Number</b>	<b>Validity Period (mm/dd/yyyy to mm/dd/yyyy)</b>	<b>Use for SWD? Y/N</b>

**5. ACADEMIC TRAINING: Please list all colleges or universities attended.**

Full Name of College(s)/Branch Campus	State	Degree	Graduation Date (MM/DD/YYYY)	Major(s)	Other Credits Attendance Dates (MM/DD/YYYY)	Last Name While Attending College/University

**6. K-12 TEACHING EXPERIENCE RECORD (Substitute teaching experience is not acceptable.)**

List teaching experience since last Florida Certification Application submitted.

Date of Employment (mm/dd/yyyy)		Name of Employer			Subject(s) and Grade Level(s)	Full-Time/Part-Time	Public or Private School
Begin	End	School Name and Supervisor	County/City	State			

**7. APPLICANT SIGNATURE**

I, \_\_\_\_\_, agree to pay \$  for the non-refundable application processing fee.

Applicant's Signature

**8. PAYMENT INFORMATION (Please make fees payable to FLDOE Educator Certification)**

Amount	Method	Payment Number
\$ <input type="text"/>	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Voucher	<input type="text"/>

**9. APPLICATION AFFIDAVIT**

I, \_\_\_\_\_ (Print Name), do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the Constitution of the State of Florida. I do hereby affirm that all information provided in my application for a Florida Educator's Certificate 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 Signature

\_\_\_\_\_  
Date

**10. Legal Disclosure**

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. Your signature is required every time it occurs within the form for your application to be complete

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- within the Applicant Signature and Application Affidavit sections above and within the Legal Disclosure Affidavit section at the end of the Legal Disclosure Supplement.



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PERSONAL INFORMATION
U.S. Social Security Number:
DOE File Number:
Last Name:
First Name:

**10a. LEGAL DISCLOSURE (Florida Law requires you to provide a YES or NO response)**

After answering each of the following questions, you must sign the Legal Disclosure Affidavit to complete this section of your application. Please refer to the instructions in the Legal Disclosure Supplement on the reverse side of this page for additional information regarding this section of the application form.

**SEALED OR EXPUNGED RECORDS (Report ONLY sealed or expunged records in this section.)**

**For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were <b>convicted</b> of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you were <b>found guilty</b> of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you had adjudication withheld on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you pled <b>nolo contendere</b> to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you <b>pled guilty</b> to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any record sealed or expunged in which you entered into a <b>pretrial diversion program</b> or <b>deferred prosecution program</b> related to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a petition pending to seal or expunge any criminal offense record?

**SEALED OR EXPUNGED** records MUST BE REPORTED pursuant to § 943.0585 and 943.059, Florida Statutes. However, existence of such records will not be disclosed nor made part of your certification file which is public record.

**CRIMINAL OFFENSE RECORD(S) (Report any record other than sealed or expunged in this section.)**

**For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been <b>convicted</b> of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been <b>found guilty</b> of a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had <b>adjudication withheld</b> on a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever pled <b>nolo contendere</b> to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever <b>pled guilty</b> to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever entered into a <b>pretrial diversion program</b> or <b>deferred prosecution program</b> related to a criminal offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there currently <b>charges pending</b> against you for any criminal offense?

**PROFESSIONAL LICENSE OR CERTIFICATE SANCTION(S)**

**For each of the following questions, if your answer is YES, please select YES. Otherwise, select NO.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate sanctioned or disciplined in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been <b>DENIED</b> a professional license or certificate in this state or any other state even if the certificate or license was later issued with conditions or limitations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or certificate suspended or revoked in this state or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever surrendered, resigned, or relinquished a professional license or certificate in this state or any other state during or following an investigation into allegations of misconduct?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a professional license or professional certificate disciplined in this state or any other state by receiving a letter of reprimand, fine, probation, or any other restriction or special condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current investigative action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current disciplinary action pending in this state or any other state against a professional license or certificate or against an application for a professional license or certificate?

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**If you answered YES to any of the preceding questions, you must complete all information within the Legal Disclosure Supplement on the next page. Please provide detailed information for each affirmative response and submit this form to complete your application.**

**11. 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](http://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 mm/dd/yyyy	Charge	Plea	Disposition (outcome)

**CRIMINAL OFFENSE RECORD(S)**

City Where Arrested	State	Date of Arrest mm/dd/yyyy	Charge	Plea	Disposition (outcome)

**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: _____

**LEGAL DISCLOSURE AFFIDAVIT**

I, \_\_\_\_\_ (Print Name), do hereby affirm that all information provided in this Legal Disclosure section and Supplement to my application for a Florida Educator's certificate is true, accurate, and complete.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date