

Broward County Public Schools
Talent Acquisition & Operations (Instructional)
Certificate Issuance Request for Charter Schools

Please note this form must be completed in its entirety to be accepted.

Name of Location: _____ Location # _____ Contact Name: _____ Date: _____

Contact Phone #: _____ Email (e.g. "CS-4-digit loc numb"): _____

Principal's Signature: _____ Date: _____

Please request issuance of a Florida Department of Education certificate for the individual listed below.

Name: _____ SS#: _____

Home Mailing Address (must be a local address): _____

Home Phone # (with area code): _____

Date of Employment in this position: _____ Teaching Assignment (specific subject/grade): _____

Date Fingerprinted (date must be within the prior twelve-month period): _____

NOTE: If the "Date Fingerprinted" is after the "Date of Employment (in position)" you MUST provide an explanation here:

Please read and initial each of the following statements. Please note that any Certificate Issuance Requests received without all requested information and documentation cannot be processed. Submit to: certificationrequests@browardschools.com

_____ I have verified the mailing address listed above is current.

_____ I have verified the fingerprint date is within the prior twelve months.

_____ I have included a copy of a completed I-9 form with this request. (Note: an I-9 cannot be accepted that contains expired documentation)

_____ I have included a copy of the valid (unexpired) Statement of Status of Eligibility with this request.

_____ I have verified that a full employment history check has been completed on the above individual in accordance with F. S. 1002.33.