



DeSoto County School District

2025-2026 CERTIFICATION ASSISTANCE PROGRAM

Funds are available to help teachers, paraprofessionals, administrators, and interim substitutes to become properly licensed and/or endorsed as teachers. These funds will be available to individuals that pay for, take, and pass subject area exams (including General Knowledge and Professional Education exams) as well as provide reimbursement for the fees associated with adding a certification area or endorsement to a Florida Department of Education Educator Certificate (Temporary or Professional) between July 1, 2025 and May 1, 2026.

To request reimbursement please complete the attached forms and provide the requested documentation to Dr. Gina Stafford in Human Resources. It is important to note that requests will be considered on a funds-available basis.

Note: To receive reimbursement, the applicant must be under contract for the semester following the one in which the reimbursement request was submitted.

Instructions:

- For Exam Reimbursement Requests Complete Form #1
- For Certificate Additions Complete Form #2
- Leave sections that are not applicable blank.
- Requests will not be processed if required documentation is not attached to the request.
- **All requests along with documentation indicated must be submitted to the Department of Human Resources on or before May 1, 2026.**

Call or e-mail Dr. Gina Stafford in the Department of Human Resources if you have any questions.



DeSoto County School District

2025-2026 CERTIFICATION ASSISTANCE PROGRAM

EXAM REIMBURSEMENT REQUEST (FORM #1)



LEGAL NAME	
SCHOOL/OFFICE	
DATE REQUEST SUBMITTED	

(All requests must be submitted to Human Resources by May 1, 2026)

EXAM INFORMATION

Exam #1 (leave blank if not applicable)

EXAM TAKEN	
DATE OF EXAM	
COST OF EXAM	

Attach:

- Copy of passing score on exam (must have been passed between July 1, 2025 and May 1, 2026)
- Copy of receipt of payment (must have been paid between July 1, 2025 and May 1, 2026)

Exam #2 (leave blank if not applicable)

EXAM TAKEN	
DATE OF EXAM	
COST OF EXAM	

Attach:

- Copy of passing score on exam (must have been passed between July 1, 2025 and May 1, 2026)
- Copy of receipt of payment (must have been passed between July 1, 2025 and May 1, 2026)
(If more than two exams are taken and passed, please complete an additional form)

REIMBURSEMENT AMOUNT REQUESTED

Total Reimbursement for Exams Requested:

FOR OFFICIAL USE ONLY (This section is to be completed by the Department of Human Resources)

Date Received: _____

Approved: ____ YES ____ NO

Date Approved: _____

Signature of Human Resources Director: _____





DeSoto County School District



2025-2026 CERTIFICATION ASSISTANCE PROGRAM CERTIFICATE ADDITION REIMBURSEMENT REQUEST (FORM #2)

LEGAL NAME	
SCHOOL/OFFICE	
DATE REQUEST SUBMITTED	

(All requests must be submitted to Human Resources by May 1, 2026)

FLDOE CERTIFICATE APPLICATIONS/ADDITIONS

Addition #1

DATE OF APPLICATION TO ADD SUBJECT AREA/ENDORSEMENT	
SUBJECT AREA/ENDORSEMENT ADDED	
AMOUNT PAID	

Attach:

- Copy of Certificate with Subject Area or Endorsement Added (must have been added to certificate between July 1, 2025 and May 1, 2026)
- Copy of receipt of payment (must have been paid between July 1, 2025 and May 1, 2026)

Addition #2 (leave blank if not applicable)

DATE OF APPLICATION TO ADD SUBJECT AREA/ENDORSEMENT	
SUBJECT AREA/ENDORSEMENT ADDED	
AMOUNT PAID	

Attach:

- Copy of Certificate with Subject Area or Endorsement Added (must have been added to certificate between July 1, 2025 and May 1, 2026)
- Copy of receipt of payment (must have been paid between July 1, 2025 and May 1, 2026)

REIMBURSEMENT AMOUNT REQUESTED

Total Reimbursement for Certificate Additions Requested:

FOR OFFICIAL USE ONLY (This section is to be completed by the Department of Human Resources)

Date Received: _____

Approved: ____ YES ____ NO

Date Approved: _____

Signature of Human Resources Director: _____