Broward County Public Schools
HR Operations-Certification-Certificate Issuance Request for Charter Schools

This form must have all sections completed for our office to request issuance of a Florida Department of Education certificate for the individual listed below:

Name of Location: _____ **Location Number:** _____ **Contact Name:** _____

Contact Phone #: _____ **Email (e.g. "CS-4-digit location number"):** _____

Principal Name: _____ **Principal's Signature:** _____ **Date:** _____

Name: _____ **SS#:** _____ **Best Contact Number** (with area code)**:** _____

Home Mailing Address (must be a local address)**:** _____ **Date Employee Started 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. If this Certificate Issuance Requests Form is received without all requested information and documentation, our office will not be able to process your request. Email the completed form to certificationrequests@browardschools.com from your CS-4-digit location number.

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

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

_____ **I attached a copy of Clearinghouse Background Screening Result with Eligibility Determination Date for Teacher Certification.**

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

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

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

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