

Broward County Public Schools
Talent Acquisition & Operations (Instructional) Department
Certificate Issuance Request for Charter Schools
(revised 3/16/17)

Name of Location: _____ Location # _____

Contact Name: _____ Date: _____

Contact Phone #: _____ Email: _____

Principal's Signature: _____ Date: _____

Issuance request for of a Florida Department of Education certificate for the individual below.

Name: _____ SS#: _____

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

Home Phone # (with area code): _____

Date of employment in this position: _____

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

Teaching Assignment (subject and grade level): _____

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.

- I have verified the mailing address listed above is current.
- I have verified the fingerprint date is within the prior twelve months.
- I have emailed a copy of a completed I-9 form to the email below. (Note: an I-9 cannot be accepted that contains expired documentation)
- I have verified the individual we are requesting a certificate issuance for holds a valid (unexpired) Statement of Status of Eligibility from the Florida Department of Education which states the individual is eligible for a certificate.

Email to: CEI_Faxes@browardschools.com