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

Institution Number (FICE or OPEID)

Communication Number

C T 1 3 3

Applicant's Personal Information

Social Security Number

First Name

Middle Name

Last Name

Address:

Street Address including apartment of unit number

City

State

Zip Code

Verification of Completion of an Approved EDUCATOR PREPARATION INSTITUTE TEACHER PREPARATION PROGRAM

This is to verify that the above individual has satisfactorily completed a Florida approved Educator Preparation Institute program in accordance with Section 1004.85, FS.

Dates of Program Participation:

Beginning: _____ Completion: _____

Check Below:

- ☐ **Holds valid Statement of Status of Eligibility from Florida DOE Bureau of Educator Certification**
- ☐ **Participated in field experience(s) appropriate to individual educational plan**
- ☐ **Has demonstrated the teaching competencies outlined in s. 1004.85**
- ☐ **Has achieved a passing score on the Florida Professional Education Examination**

Signature/Title: _____

(Chief Academic Officer, Dean, or Designee)

Institution: _____ Date: _____