Escambia County
PUBLIC SCHOOLS

Teacher Certification
Substitute Teaching Certificate Application

75 North Pace Blvd. Pensacola, FL 32505

PERSONAL INFORMATION: COMPLETE ENTIRE APPLICATION IN BLUE OR BLACK INK ONLY

1. Social Security Number

2. Birth Date (MM/DD/YYYY)

3. First Name

4. Middle Name

5. Last Name

6. Email Address

_____

ACADEMIC RECORD: Please note all colleges attended

Name of High School	Graduation Date

Name of College(s)	Degree	Graduation Date	Major

AFFIDAVIT

I do hereby affirm by my signature that all information provided in this application and supplement is true, accurate, and complete.

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN OR RENEW A FLORIDA EDUCATOR;S CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO CRIMINAL PROSECUTION, AS WELL AS DISCIPLINARY ACTION BY THE EDUCATOR PRACTICES COMMISSION.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:

Certificate #: _____

Date Received: _____