



Professional Educator Certification or Renewal Application Checklist

Mail this application, payment, and all required documentation to: 19620 Pines Blvd., Suite 217-14, Pembroke Pines, FL 33029

If you are applying for **Initial Certification**:

- Section One:** complete
- Section Two:** select **Initial Certification** application type.
- Section Three:** select one (1) certificate level (Teacher, Professional Services, or Administrator). If selecting a Teacher certificate, also select (1) appropriate sub-level of certificate. If selecting Middle School, Secondary, or All Level, you are also required to list the appropriate area(s) of endorsement. See our manual for a list of approved endorsements. You may select more than one level or sub-level; however, there is an additional \$50 Evaluation Fee for each additional level/sub-level requested.
- Section Four:** complete listing ALL colleges attended. Also, if a Philosophy of Christian Education course or seminar was taken, provide either the college course number or a copy of the seminar certificate. See the certification manual for a complete explanation of acceptability for the course or seminar.
- Section Five:** list any/all educational certificates held in the past or present.
- Section Six:** read the statements and sign and date the application. Also, have your school administrator or headmaster sign and date the application.
- Enclose original transcripts or verified copies of transcripts for all colleges attended.**
- Enclose the \$50 Evaluation Fee or pay online at www.faccs.org**

If you are applying for **Certification Renewal, Certification Upgrade, Additional Certification, Late Certification Renewal, or Certification Reinstatement**:

- Section One:** complete
- Section Two:** select the appropriate application type.
- Section Three:** select one (1) certificate level (Teacher, Professional Services, or Administrator). If selecting a Teacher certificate, also select one (1) appropriate sub-level of certificate. If selecting Middle School, Secondary, or All Level, you are also required to list the appropriate area(s) of endorsement. See our manual for a list of approved endorsements. You may select more than one level or sub-level; however, there is an additional \$50 Evaluation Fee for each additional level/sub-level requested.
- Section Four:** list any colleges at which you earned credits during your certification period.
- Section Five:** list any/all educational certificates held in the past or present.
- Section Six:** read the statements and sign and date the application. Also, have your school administrator or headmaster sign and date the application.
- Enclose both completed pages of the application.**
- Enclose your Master Inservice Program transcript, available at www.schoolmission.net/FACCSMain.aspx**
- Enclose original or verified copies of transcripts for all colleges attended during the certification period.**
- Enclose the \$50 Evaluation Fee and any additional fees or pay online at www.faccs.org**

If you are applying for a **Certification Period Extension**:

- Section One:** complete
- Section Two:** select Certification Period Extension application type. Then select whether you wish to extend your certification period for 6 months or one year from the date of expiration.
- Section Six:** read the statements and sign and date the application. Also, have your school administrator or headmaster sign and date the application.
- Enclose the reason for the request and your plan for completing the requirements.**
- Enclose the appropriate extension fee or pay online at www.faccs.org**

If you need any assistance with the application, please:

1. Consult the active **FACCS Professional Educator Certification Manual** - available online at www.faccs.org, or
2. Consult the **Certification FAQ** (Frequently Asked Questions) page online at www.faccs.org, or
3. If none of those documents answer your question, contact the **FACCS Office of Program Services**
E-Mail – certification@faccs.org or ops@faccs.org, or **Phone** - 954-237-0907



Office Use Only	
Received:	
Paid:	#

Office of Program Services ♦ 19620 Pines Blvd., Suite 217-14 ♦ Pembroke Pines, FL 33029
 Phone: (954) 237-0907 ♦ Web: www.faccs.org ♦ E-mail: certification@faccs.org / ops@faccs.org

Application for Professional Educator Certification or Renewal

INSTRUCTIONS

This application is for professional educator certification with the Florida Association of Christian Colleges and Schools. (FACCS). Only teachers or administrators who are employed at a FACCS participating or accredited member school may apply for FACCS certification. Please read all directions and legibly complete this application in its entirety. Mail the completed application, copies of official college transcripts signed by the school Administrator, **Master Inservice Program** transcripts for ISP documentation, and fees to the above address. Failure to complete the application or to enclose required documentation or fees will result in a delay in the certification process. If for any reason certification or renewal is not granted, \$30 of the evaluation fee will be refunded. NOTE: Completing and sending this application will take up to 6 weeks to process.

Section One: PERSONAL INFORMATION

Please provide name as you desire it to appear on certificate (include Mr., Mrs., Miss, Dr., or Rev. if desired)

Name: _____
 (title) First Middle Last

Address: _____
 Street City State Zip

Telephone: _____ E-mail Address: _____

Add me to the FACCS E-Update mailing list

Maiden/Previous Last Name: (if applicable) _____ Date of Birth: ____/____/____

Name and City of FACCS School _____

Section Two: APPLICATION TYPE

- Application for Initial Certification - (check if you have never held an FACCS certificate, enclose \$50 evaluation fee)
- Application for Certification Renewal - (check if you hold an active FACCS Professional certificate, enclose \$50 evaluation fee)
- Application for Certification Upgrade - (check if you hold an active FACCS Temporary certificate, enclose \$50 evaluation fee)
- Application for Additional Certification - (check if you hold an active FACCS certificate and wish to apply for an additional Level/Sub-Level, enclose \$50 evaluation fee)
- Application for Certification Period Extension - (check only if you hold an active FACCS certificate)
 - 6 months (\$10 fee) 1 year (\$20 fee) (please provide your reason for the request and your plan for completing the requirements)
- Application for Late Certification Renewal (check only if your FACCS certificate has expired and you are filing within one year after its expiration date - enclose \$50 evaluation fee + \$25 late filing fee)
- Application for Certification Reinstatement (check only if your FACCS certificate has expired and you are filing one year or more after its expiration date - enclose \$50 evaluation fee + \$30 reinstatement fee)
- Request for Certificate Reprint (complete Sections One and Two only, enclose \$5 processing fee)

Section Three: CERTIFICATE LEVEL/SUB-LEVEL

Please check all levels and teacher sub-levels desired. One level (Teacher or Professional Services or Administrator) and one sub-level are included in the standard evaluation fee, add \$50 for each additional level and/or teacher sub-level.

- Teacher Certification (check sub-level below, one sub-level is included in evaluation fee, \$50 for each additional sub-level)
 - Early Education (K3-K4) Grade Teaching: (circle all applicable) K3 K4
 (also includes individual membership in FEED - FACCS Early Educator Division)
 - Elementary (K5-6th) Grade You Are Teaching: (circle all applicable) K5 1st 2nd 3rd 4th 5th 6th
 - Middle School (6th-8th) Grade You Are Teaching: (circle all applicable) 6th 7th 8th *Endorsement required – enter below
 - Secondary (9th-12th) Grade You Are Teaching: (circle all applicable) 9th 10th 11th 12th *Endorsement required - enter below
 - All-Level (K-12) Subject Area Endorsement required – enter below

Teacher Subject Area Endorsement(s) _____

- Professional Services Certification (circle one) Guidance Counselor School Psychologist Dean (discipline) Athletic Director Librarian/Media
- Administrator Certification (*subject area endorsement optional)

*Subject Area Endorsement(s) _____

Section Four: ACADEMIC BACKGROUND

First-time applicants must complete this section and enclose a copy of original transcripts from all colleges/universities attended (signed by the School Administrator). Applicants for certification renewal, only complete if information has changed since previous application was submitted or if ISPs were earned through college course work. Please enclose transcripts for all changes.

College/University Name	City and State	Years Attended	Degree(s) Conferred

Have you completed a Philosophy of Christian Education course? Yes* No

*If Yes - _____
Location Course Number and Title Date

All initial applicants must enclose a copy of the course certificate if not a college course. Not needed for renewals.

Section Five: EDUCATIONAL CERTIFICATES HELD

All applicants must complete this section, if applicable. Please list all certificates that you have held, past and/or present.*

Organization	City and State	Dates Held	Type / Level

*If your last FACCS Certificate was held with a different FACCS school than your present school, please list that school name/city here: _____

Section Six: SIGNATURES

All applicants must verify accuracy of information, read the FACCS Statement of Faith, and sign below.

I certify that the above information is accurate and that I subscribe to the below FACCS Statement of Faith.

We believe that whatever the Bible says is true - which means that we believe in the inspiration of both the Old and New Testaments. We believe that man was created by the direct act of God, and in the image of God. We believe that Adam and Eve in yielding to the temptation of Satan became fallen creatures. We believe in the Incarnation, the Virgin Birth, and the Deity of our Lord and Savior Jesus Christ. We believe in His vicarious and substitutional Atonement for the sins of mankind by the shedding of His blood on the Cross. We believe in the resurrection of His body from the tomb, His ascension to Heaven, and that He is now our Advocate. We believe that He is personally coming again. We believe in His power to save men from sin. We believe in the necessity of the New Birth, and that this New Birth is through the regeneration by the Holy Spirit. We believe that salvation is by grace through faith in the atoning blood of our Lord and Savior Jesus Christ. We believe that this creed is a sufficient basis for Christian fellowship, and that all born again men and women who sincerely accept this creed can, and should, live together in peace, and that it is their Christian duty to promote harmony among the members of the Body of Christ, and also to work together to get the Gospel to as many people as possible in the shortest time possible. (Excerpted from the FACCS Articles of Incorporation.)

Applicant's Signature _____ Date _____

Approval of Applicant by the School Administrator or Headmaster:

This is to verify that the applicant is employed for the 20____ - ____ school year by our school and is recommended by me as being qualified for the certificate requested.

Name of School _____ City and State _____

Signature _____ Title _____ Date _____

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Payment to FACCS may be made by check or money order accompanying your application OR with a credit or debit card by logging on to www.faccs.org and click on the **Payments** page. Returned check fee is \$30.