SCHOOL BOARD OF BROWARD COUNTY  
REQUEST FOR A SUBSTITUTE TEACHING CERTIFICATE  
SUB CENTRAL  
600 S.E. 3RD Avenue, Ft. Lauderdale, Florida 33301  
Fax: 754-321-2341

PERSONAL INFORMATION

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
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<td>Personnel #</td>
<td>Phone #</td>
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CERTIFICATE STATUS INFORMATION (Check ONLY One)

- [ ] I hold a valid State of Florida Certificate and/or a Broward County Certificate. Therefore, I do not need to apply for a Broward County Substitute Certificate.

  Subject Area(s): ________________________________  Expiration Date: ________________

  * Submit a copy of your valid certificate with this completed form.

- [ ] I am currently employed as a Broward County Public Schools substitute teacher and hold an expiring Broward County Substitute Teaching Certificate or Florida State Certificate.

  Online Payment Confirmation #: __________________  Payment Date: ________________

  * Submit a copy of your online payment confirmation.

ARREST/REVOCATION RECORD

It is your responsibility to review School Board Policy 2405: Self-Reporting Rule - Arrests/Charges and Final Dispositions

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<th>Yes</th>
<th>No</th>
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| ☐   | ☐  | Have you ever been convicted of child abuse, sexual battery, pornography or any other sexual offense?  
| ☐   | ☐  | Have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offense?  
| ☐   | ☐  | Have you been convicted of assault, battery, or any other violent crime?  
| ☐   | ☐  | Have you ever had a teaching certificate or license revoked, suspended, denied, or had sanctions placed on your teaching certificate?  
| ☐   | ☐  | Are you currently under investigation by any local, state, or federal agency or entity for any wrong doing, criminal, civil or administrative?  

I certify that the above entries are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in my immediate dismissal.

Signature ___________________________________  Date __________________________

Revised 6/2014