

EDUCATOR CERTIFICATION NOTICE

Addition of a Coverage or Endorsement

DATE STAMP

Name: _____

Location: _____

Educators are to complete this form and send to the Personnel Department upon completion of adding a Coverage or Endorsement in the Florida Department of Education's Versa system. Please use a separate Educator Certification Notice Form for each Coverage or Endorsement you wish to add.

SECTION I – To be completed by the educator applying for the addition.

Please check one:

I HAVE APPLIED TO ADD A COVERAGE TO MY CERTIFICATE

Coverage Adding: _____

Date Submitted Online: _____

I HAVE APPLIED TO ADD AN ENDORSEMENT TO MY CERTIFICATE

Endorsement Adding: _____

Date Submitted Online: _____

Addition Method: *(check one)*

Florida Teacher Certification Exam – A copy of the Passing FTCE Report must be attached.

Completion of a Florida Approved District Add-On Program (through Program Development)

I certify that I have completed the applicable method for the addition of the above referenced coverage or endorsement to my Florida Teaching Certificate. I have attached a check, in the amount of \$75.00 payable to the SCHOOL BOARD OF NASSAU COUNTY, and I acknowledge that my addition will not be processed if my program is incomplete, my application to add the coverage or endorsement is incomplete, or if my payment is not valid.

SIGNATURE: _____

DATE: _____

SECTION II - Office Use Only

Verified FTCE - Florida Teacher Certification Exam

Verified CT-115 Completion of a Florida Approved District Add-On Program

Date Submitted Online: _____

SIGNATURE: _____

DATE: _____