

EDUCATOR CERTIFICATION NOTICE

Addition of a Coverage or Endorsement

DATE STAMP

Name: _____

Location: _____

Educators are to complete this form and send to the Human Resources 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 the signed PAYROLL DEDUCTION AUTHORIZATION FORM, and I acknowledge that my addition will not be processed if my program is incomplete or my application to add the coverage or endorsement is incomplete.

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

SIGNATURE: _____

DATE: _____