



Florida Certification Board Certification Reinstatement Application

DIRECTIONS

When a credential goes inactive, there is a 3-year period in which a reinstatement may be requested. If your credential has been inactive for more than 3-years, you will not be able to reinstate. Test scores more than three years old may result in retesting as part of the reinstatement process even if you have been inactive for less than three years. **Before completing the *Certification Reinstatement Application*, contact FCB to determine the exact requirements, including applicable fees.** All information must be TYPED. Handwritten forms will be denied.

MINIMUM REQUIREMENTS

Prior to completing this application, you must contact FCB to determine the exact requirements for reinstatement. Reinstatement itself will vary depending on type of credential, number of inactive credentials, length of time inactive and how the credential was originally earned. Following are the minimum requirements for reinstatement (these are subject to change depending on the review of your account):

- Completion of the *Certification Reinstatement Application* in its entirety.
- Payment of a \$150.00 reinstatement fee.
- Payment of renewal fee per credential(s) being reinstated.
- Submit CEs required for renewal of your credential. CEs must be dated between the credential's inactive date and the date of the *Certification Reinstatement Application*.
- If test score is more than three years old, may need to pass the current credential exam and pay the exam registration fee.

If the credential was earned during a grandparenting period, in addition to the above, the following may also be required:

- Submit credential standard requirements not necessary during the grandparenting period (i.e., On-the-Job Supervision, etc.)
- Pass the credential exam.

Upon completion, please submit the form and supporting documentation directly to the FCB.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: lrandolph@flcertificationboard.org or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Reinstatement Application



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All information must be typed. Handwritten forms will be denied.

Section 1 – Demographic Data. Please provide the most current information.		
Last Name:	First Name:	
Phone Number:	Email Address:	
Mailing Address:		
City:	State:	Zip Code:

Section 2 – Reinstatement Information. Please indicate each credential you are reinstating.	
Credential Name	Credential Number

Section 3 – Payment Information. Reinstatement will not be processed until payment is received.				
Total Payment Amount: _____				
Payment Method:				
Check or Money Order Enclosed (<i>make payable to FCB</i>)				
Please generate an invoice and contact me by email when the fee is ready to be paid in the FCB online system.				
Please charge my credit card. I understand there is a \$5.00 convenience fee for manual entry of my credit card.				
Card Type:	VISA	MasterCard	AMEX	Discover
Card Number:	Exp. Date		CCV	
Name on Card:				
Billing Address:				
Billing City	Billing State		Billing Zip Code	



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Section 4 – Background Information. Please complete based on the time frame since your initial certification.

Have you been convicted of a felony or first-degree misdemeanor since your original certification: Yes* No

If Yes, what were the charges?

Date of conviction _____

Where did the conviction occur? _____

State County City

Have you pled nolo contendere or guilty to a crime with is a felony or first-degree misdemeanor since your original certification: Yes* No

If Yes, what were the charges?

Date of conviction _____

Where did the conviction occur? _____

State County City

Have you had adjudication of guilt withheld for a crime which is a felony or first-degree misdemeanor since your original certification: Yes* No

If Yes, what were the charges?

Date of conviction _____

Where did the conviction occur? _____

State County City

*If you answered Yes, you must provide the FCB with a copy of any an all information concerning any arrest(s), convictions, indictments, suspensions, or revocations. Reinstatement will not be processed without documentation that you are no longer under the jurisdiction of the county, state, or federal criminal justice system, including but not limited to supervised or unsupervised probation.

Section 5 – Assurance, Release and Applicant’s Signature.

By my signature, I acknowledge that all provided information is accurate. I give my permission for the FCB to investigate my background as it relates to statements contained in this reinstatement application. I understand that intentionally false or misleading statements or omissions may be grounds for denial or revocation of my certification. I consent to the release of information contained in my reinstatement application, certification file, or other pertinent data submitted to or collected by the FCB to its officers and staff.

Signature (FCB accepts manual and electronic signatures)

Date