



APPLICATION				
Last Name		First Name		M.I.
Date of Birth <small>Date of application</small>	_____	Social Security #	_____	
	_____	MDID #	_____	
Address		Home Phone #		
		Work Phone #		
City/St/Zip		Cell Phone #		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail		
1) Highest degree earned:		<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph. D./Doctorate Area of Specialization: _____		
2) What grade level do you plan to teach or are you presently teaching?				
<input type="checkbox"/> Early Childhood (P-3) <input type="checkbox"/> Elementary (k-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12)				
Subject Areas (if applicable): _____				
Name of School (if presently teaching) or name of employer (if not presently teaching)				
3) When did you first seriously consider teaching as a career?		<input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Later/Career Change		
4) How did you hear about the Educator Preparation Institute?		<input type="checkbox"/> Another student <input type="checkbox"/> A professor <input type="checkbox"/> An advisor <input type="checkbox"/> M-DCPS <input type="checkbox"/> Colleague <input type="checkbox"/> Presentation <input type="checkbox"/> News Article <input type="checkbox"/> Poster <input type="checkbox"/> Radio <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Other _____		
5) Did you submit an application to the Florida Department of Education for a Temporary Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Do you have an official statement of Status of Eligibility?		<input type="checkbox"/> Yes (If yes, please attach a copy to the application.) <input type="checkbox"/> No		
7) In which county or counties do you plan to teach?				
8) Which FTCE exams have you passed?		<input type="checkbox"/> General Knowledge Test <input type="checkbox"/> CLAST <input type="checkbox"/> Professional Education <input type="checkbox"/> Subject Area <input type="checkbox"/> None		

Please submit this Application, the Agreement, a copy of your official college transcript, a copy of the Statement of Status of Eligibility, and three letters of support to:

M. Victoria Florit, Director, Center for Professional Development
 Miami Dade College, 627 SW 27th Ave., Office IAP 10, Miami, Florida 33135-2966
 Contact #: (305) 237-6482; Fax#: (305) 237-6722 E-mail: epi-succeed@mdc.edu