



CERTIFICATION DEPARTMENT  
 3300 FOREST HILL BLVD., SUITE A-152  
 WEST PALM BEACH, FL 33406

## Certification Renewal/Add-On Payment Verification

Please complete to verify you have satisfied the requirements to renew and/or add a subject to your teaching certificate. Complete renewal applications must be submitted to our office by 6/21/2018 to guarantee processing time.

|              |               |                   |
|--------------|---------------|-------------------|
| Employee ID# | DOE#/License# | School/Department |
| First Name   |               | Last name         |

**Mark the appropriate section below and include the required documentation as noted.**

|   |   |
|---|---|
| <input type="checkbox"/> Renewal \$75   | <input type="checkbox"/> Add-On \$75                |
| <input type="checkbox"/> Name Change \$20 (No fee if name change is processed with renewal) | <input type="checkbox"/> Duplicate Certificate \$20 |

|  |   |
|--|---|
| <p><b>Documentation for Renewal</b></p> <p>The In-Service requirement for Renewal is 120 points, to include 20 in ESE. Indicate below the method of renewal:</p> <p><input type="checkbox"/> In-service points earned through PBC<br/>       # of In-service Points _____ ESE Points _____</p> <p><input type="checkbox"/> Official transcript (attach)</p> <p><input type="checkbox"/> Official transcript on file</p> <p><input type="checkbox"/> Subject Area Exam</p> <p><input type="checkbox"/> National Boards</p> <p><input type="checkbox"/> College Teaching Experience</p> <p>Date Application was submitted to FLDOE: <input type="text"/></p> | <p><b>Documentation for Add-On</b></p> <p>Subject to be Added: _____</p> <p><input type="checkbox"/> In-service points earned through PBC</p> <p><input type="checkbox"/> Official transcript (attach)</p> <p><input type="checkbox"/> Official transcript on file</p> <p><input type="checkbox"/> Subject Area Exam</p> <p>Date Application was submitted to FLDOE: <input type="text"/></p> |
|--|---|

**Apply online to the FLDOE at: <https://flcertify.fldoe.org/datamart/login.do>**

|  |            |
|--|------------|
| <b>Payment Method</b>  |            |
| <input type="checkbox"/> District Online Credit Card Payment (attach receipt)<br><a href="https://palmbeach.schoolcashionline.com">https://palmbeach.schoolcashionline.com</a> |            |
| Signature of Employee _____  | Date _____ |
| <b>RETURN TO CERTIFICATION OFFICE SUITE A-152 VIA PONY OR US MAIL</b>  |            |

FOR OFFICE USE ONLY

|   |   |
|---|---|
| <input type="checkbox"/> In-Service Points Verified | <input type="checkbox"/> Payment Received     |
| <input type="checkbox"/> People Soft Updated        | <input type="checkbox"/> Transmitted to FLDOE |