

# Florida Teacher Certification Examinations (FTCE) APPLICATION FOR COMMITTEE PARTICIPATION

For Office Use Only  
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Please complete this form and fax it to the Committee Recruitment Group at the Evaluation Systems group of Pearson at (866) 565-4877.

1. Salutation: \_\_\_\_\_ Name: \_\_\_\_\_  
(Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)

2. Your title:

3. School/Institution name:

4. School district name:

5. Work address:

(If indicating a P.O. Box, please include actual street address for FedEx purposes.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Home address:

(If indicating a P.O. Box, please include actual street address for FedEx purposes.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Preferred address for correspondence:      Home                  Work

8. Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ TDD?      Yes      No  
(Area Code) Number

9. Home phone: \_\_\_\_\_ TDD?      Yes      No  
(Area Code) Number

10. Cell phone: \_\_\_\_\_ 11. Fax: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

12. E-mail address (work):

13. E-mail address (home):

14. Preferred method of communication:      E-mail                  Phone                  Mail

15. Geographic region of Florida state:      North                  South                  Central

16. Student population of district:

Less than 3,000      3,000–10,000      10,001–100,000      Over 100,000

17. What is the highest level of education you have attained?

Bachelor's degree      Master's degree      Doctoral degree

18. Do you currently hold a valid Florida teaching certificate?      Yes      No

19. Provide your Florida certificate number.

20. List the specific area(s) in which you are certified.



# Florida Teacher Certification Examinations (FTCE)

## Supplemental Personal Information for Committee Participants

Name:

School/Institution Name:

*The Florida Department of Education is committed to having diversity among individuals participating in Florida Teacher Certification Examinations test development and validation activities. This includes men and women with appropriate representation of racial and ethnic groups and individuals with disabilities. To accomplish this goal, you are asked, but not required, to provide the information on this form.*

1. **Ethnicity** (choose one):

Native American

Black (not of Hispanic origin)

Hispanic

Asian or Pacific Islander

White (not of Hispanic origin)

Multiracial

2. **Gender:**      Female          Male

3. **Do you have any needs that require special accommodations?**      Yes          No

4. **If yes, please specify:**

Please let us know how you were nominated/informed about FTCE committee participation (e.g., your principal, dean, another committee member, colleague, Web site, Florida Department of Education representative; please include name if applicable).