

**Florida Teacher Certification Examinations (FTCE)
Florida Educational Leadership Examination (FELE)**

For Office Use Only
D P F N _____
A D _____

APPLICATION FOR COMMITTEE PARTICIPATION

Please complete this form and fax it to the Committee Recruitment Group at the Evaluation Systems group of Pearson at (866) 565-4877. Note: To ensure receipt of future meeting communications, please add "EvaluationSystemsCRG@pearson.com" to your safe senders list.

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: Address line 1 _____
Address line 2 _____
City: _____ State: _____ Zip: _____
6. Home address: Address line 1 _____
Address line 2 _____
(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. Do you currently hold a valid Florida Educational Leadership certificate? Yes No
20. Provide your Florida certificate number. _____
21. List the specific subject area(s) in which you are certified. _____
22. List your area(s) of endorsement. _____

23. How many years of teaching experience do you have?
 0–3 years 4–6 years 7–10 years 11 or more years

24. List the languages other than English in which you are proficient. _____

25. List professional organization(s) (up to three) of which you are a member.

26. Please list any other relevant experiences and/or achievements that support your application (e.g., recognized achievements, other committee work, test development or test scoring activities, curriculum development activities, research, publications).

To Be Completed by Birth–12 Educators/Administrators

27. Are you currently serving as an educator in a Florida school (Birth–12)?
 Yes No (Last year of teaching: _____)

28. Are you currently serving as an administrator in a Florida school (Birth–12)?
 Yes No (Total years of service: _____)

29. Are you a retired administrator from a Florida school (Birth–12)?
 Yes No (Last year of service as an administrator: _____)
(Total years of service as an administrator: _____)

30. What level educator are you? School District

31. What are the most recent grade levels you have worked with? Check all that apply.
 K 1–3 4–6 7–8 9–12 All levels (K–12)

32. What are your current Birth–12 assignment(s)? _____

To Be Completed by College/University Educators

33. Are you currently a faculty member who is training educators at a Florida college/university/community college?
 Yes No

34. What is the most recent college level you have taught? Undergraduate Graduate
 Both undergraduate and graduate

35. What are your current teaching assignments? _____

36. Please list additional areas of specialization besides your current teaching assignments to include any experience as a school-level educational administrator.

I certify that the information I have indicated on this form is accurate to the best of my knowledge.

Signature: _____ Date: _____

For Public School Educators ONLY—Supervisor Approval

I recommend that the public school educator listed above be considered as a committee member for FTCE/FELE test development activities.

Supervisor Name (print): _____ Title (print): _____

Phone Number: _____ E-mail: _____

Supervisor Signature: _____ Date: _____

**Florida Teacher Certification Examinations (FTCE)
Florida Educational Leadership Examination (FELE)**

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. Race:

- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black or African American | <input type="radio"/> Other |

2. Ethnicity:

- | | |
|--------------------------------|------------------------------------|
| <input type="radio"/> Hispanic | <input type="radio"/> Non-Hispanic |
|--------------------------------|------------------------------------|

3. Gender: Female Male

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

5. If yes, please specify:

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

