



Application for Industry Certification Mini-Grants
for
FULL-TIME Career and Technical Education Faculty
Perkins Professional Development Institute
at Central Florida Community College

Page one for teacher to complete:

PLEASE PRINT OR TYPE

Name of teacher applying for grant: _____

Institution/school: _____

*Note: the Perkins grant is for High Schools, Tech Centers, and Community Colleges/Institutions only; Middle Schools are not eligible.

County: _____ Department _____

School's mailing address: _____ City: _____ Zip Code: _____

Teacher's e-mail address: _____ Telephone: () _____

How many hours per week do you teach in this Career and Technical Education (CTE) program? ___ Hours

Fill in this section only if teacher is paying for the training/certification, and is requesting a personal reimbursement check.

Teacher's mailing address: _____

City: _____ Zip Code: _____

Social Security number: _____

IMPORTANT - VERIFY THAT THE PROGRAM YOU ARE TEACHING IS APPROVED FOR THE CERTIFICATION YOU ARE SEEKING!

Certification codes are listed in the FLDOE Inventory List on our Web site:

http://www.cf.edu/departments/instruction/workforce/perkins.htm

Teacher's current CTE program name: _____ Program number: _____

Please indicate your level of expertise for this certification: [] *Beginning [] Intermediate [] Advanced

*Note: the Perkins Mini-Grant DOES NOT pay for subject matter training, only certification preparation training.

(Please list each individual certification being sought, especially for bundled certification, see examples):

(Example: FLDOE# ADOBE011 TITLE: Flash) FLDOE #: _____ TITLE: _____

(Example: FLDOE# MICRO061 TITLE: Word) FLDOE #: _____ TITLE: _____

(Example: FLDOE# MICRO061 TITLE: Excel) FLDOE #: _____ TITLE: _____

(Example: FLDOE# ADESK016 TITLE: AutoCad) FLDOE #: _____ TITLE: _____

Where are you getting the training? [] Self study [] Vendor workshop [] Other _____

Name of training facility or workshop: _____

Address: _____ City: _____ State: _____ Zip: _____

Anticipated cost of training: \$ _____ Anticipated cost of certification test(s): \$ _____

Date certification process begins: _____ Anticipated date of certification completion: _____

Note: Training and certification must be completed by June 30, 2010 to be eligible.

I (the above named teacher) have read and agree to the following statements:

- 1. I feel that my subject matter expertise is sufficient to pass the certification examination at this time.
2. I have verified that the certification I am requesting is approved for my current teaching program.
3. I understand that the training provided is only focused on helping me pass the certification test.
4. I will repeat any classes or tests that are failed, with no additional remuneration from the Perkins Mini-Grant.
5. I agree to participate in any follow-up surveys requested of me.

Teacher's signature: _____ Date: _____

When page one is complete, submit this application to your supervisor who will complete page two.

How to Apply for the Perkins Mini-Grant

Teachers (complete page 1)

1. Open the appropriate 2009-2010 Perkins IV Technical Skill Attainment Inventory.
 - [Industry Certifications for Secondary CTE Teachers](#)
 - [Industry Certifications for Tech Center Instructors](#)
 - [Industry Certifications for Community College Instructors](#)
2. Identify and record (for the application) the program that you are currently teaching.
3. Check the list of FL Dept of Education approved certifications and find and record any that meets your needs.
4. Download an application by clicking here [2009-2010 Perkins PDI application](#).
5. Complete the first page, being sure to record the program number and the FLDOE code for the certification being sought.

Print or write clearly and fill in all the required spaces.

- a. If you (not your school system) are paying for this training and certification out of your own pocket, and are requesting reimbursement, fill in the gray area. Otherwise, leave it blank.
 - b. Enter the program name and number that you currently teach.
 - c. Indicate your expertise level (beginner, intermediate or advanced) and note our caution.
 - d. Specifically list the FLDOE codes and titles of the certification for which you are applying (specify which bundle you are taking, i.e., MCAS Bundle covers Word, Excel, Access, PowerPoint and Outlook. Identify each that you are interested in achieving.)
 - e. Identify the source of the training, i.e., self study, vendor workshop or other source. If you are attending a pre-arranged workshop sponsored by the Perkins grant, indicate the title and dates.
 - f. Read carefully and agree to the five statements listed above your signature.
6. Sign and submit the application to your supervisor or director.
Please keep a copy for your records.

Supervisors/ Directors (complete page 2)

When you receive an application from a teacher in your system, perform the following.

1. Enter your name and contact information at the top of page two.
2. Read the Conditions of Agreement and indicate how much your system is paying for substitutes and travel.
 - a. Review page 1 of the application to assure that the teacher meets the qualifications for the grant.
3. Indicate the amount of reimbursement you are expecting from the Perkins Mini-Grant (either the system or the teacher.)
4. Indicate who needs to be reimbursed. Check box 1 if the teacher should be reimbursed or box 2 if the school system is to be reimbursed. Check the box below the school system section if a training workshop has been prearranged with the Perkins Mini-Grant Coordinator.
 - a. Complete the School System section (Grey section), if you are expecting reimbursement.
 - b. Leave blank if you are not expecting reimbursement.
 - c. If the teacher expects reimbursement, assure that page 1 indicates where the teachers check should be sent.
5. Complete the remainder of page 2, assuring and verifying that the information on the first page is accurate and complete
6. Sign, date and submit the form.
 - a. Mail to Dr. Cheryl Fante, Perkins Professional Development Institute, Central Florida Community College, Ewers Century Center, P.O. Box 1388, Ocala, FL 34478-1388.
 - b. Or scan and attach to an e-mail to vogeb@cf.edu.

DO NOT ATTACH THIS INSTRUCTION PAGE TO YOUR APPLICATION!