

FLORIDA DIRECTOR CREDENTIAL RENEWAL APPLICATION

Official Use Only		
Application: Date processed:		
Processed by:		
Certificate: ssued by: Certificate #.		

RENEWAL CANDIDATE INFORMATION (Please Print):			
Social Security # *:			
Last Name:	First Name:	Middle Initial:	
Street Address:		Apt. #:	
City:	State:	Zip Code:	
Home Phone: () Work F	Phone: ()		
E-mail:		·	
* Pursuant to 65C-22.003, Florida Administrative Code, the Department is requesting you provide your social security number(s), but you are not required to provide us your social security number(s) under the law. However, if you give us your social security number(s) we can determine your eligibility faster and more accurately. Social security numbers are used by the Department for identity verification only.			
		must complete the renewal application and provide eriod of the current credential:	
 documentation of the following up to one (1) year prior to the end of the active period of the current credential: □ 1. An active staff credential documented on CF-FSP Form 5206. □ 2. 4.5 Continuing Education Units (CEUs) or three (3) college credit hours in any one (1) of the following curriculum areas within the last five (5) years, based on the date the application is received; Overview of Child Care Center Management, Child Care and Education Organizational Leadership and Management, Child Care and Education Financial and Legal Issues, or Child Care and Education Programming, or the coursework completed to renew a State of Florida Teaching Certificate. Coursework must be in addition to that required for the original Florida Director Credential. 3. Candidates must demonstrate professional contributions in the child care field through any one (1) of the following: □ a. Make a presentation or provide training in the field of early childhood or school-age education; □ b. Serve as a validator or advisor for a Florida-recognized accreditation program, as a CDA advisor, or as a school-age certification representative for the FCCPC School-Age Program; □ c. Advocate for an issue in the field of early childhood or school-age education; □ d. Publish an item related to the field of early childhood or school-age education; □ e. Document program improvements by completing a Florida-recognized accreditation program; □ f. Serve as a consultant or mentor to another early childhood education or school age-program; □ g. Participate in an educational research or innovation project related to early childhood or school-age education; □ h. Participate in a creative activity, outside of the candidate's child care program, relating to the field of early childhood or school-age education; <l< td=""></l<>			
ATTESTATION I hereby attest that all information pertaining to this application is true, correct and complete. I understand if any of the information provided is found to be false, the verification will be rescinded.			
Signature of Applicant	 Da	ate of Application	

Submit application, processing charge of \$25 and required documentation to the address below. Please allow 4-6 weeks for processing.

Florida Department of Children and Families Child Care Program Office - Credential Unit, DC Renewal 1317 Winewood Blvd., Bldg. 6, Room 389A Tallahassee, Florida 32399-0700