

**FLORIDA DEPARTMENT OF EDUCATION
INSERVICE TEACHER EDUCATION
TRANSFER RECORD**

This is to verify that _____ (Name) _____ (SSN)

(Department of Education Certification Number) has earned the following inservice points between _____ and _____. Current Certification Validity Period: _____

RECORD OF COMPONENTS TRANSFERRED

INSTRUCTIONS: List individual components transferred in the appropriate columns below:

Component Number	Component Title	Area of Certification	Subject Area Points	Generic Points
Total Points:				

The signer of this form verifies that all inservice points listed herein were earned:

1. During the time the district had an approved Master Inservice Plan.
2. Within the last period for validity of the individual's certificate.
3. While the individual was an employee of this district.

NAME OF DISTRICT: _____

PRINT NAME OF DISTRICT SUPERINTENDENT
OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF SUPERINTENDENT
OR AUTHORIZED REPRESENTATIVE

DATE

Additional information: Please provide the following, if applicable.

Clinical Educator Training

Component Number	Component Title	Training Dates	Points

ESOL Training

Component Number	Component Title	Training Dates*	Points

Reading Training

Component Number	Component Title	Training Dates*	Points

Students with Disabilities (SWD) Training

Component Number	Component Title	Training Dates*	Points

*If ESOL, Reading or SWD points were banked, list date and number banked.