



## EDUCATOR PREPARATION INSTITUTE

**(Please Print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth(optional) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Apt. # City State Zip

Permanent Address: \_\_\_\_\_  
Street Apt. # City State Zip

Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email(s) Work: \_\_\_\_\_ Home: \_\_\_\_\_

If employed by a school district or state agency, please indicate the name here: \_\_\_\_\_

1) **What is your terminal degree?** Bachelor's \_\_\_\_\_  
Master's \_\_\_\_\_  
Ph.D./Ed.D \_\_\_\_\_

2) **In what school district do you currently teach and your grade/subject area?**  
School District: \_\_\_\_\_ Grade/Subject Area: \_\_\_\_\_

3) **When did you first seriously consider teaching as a career?**  
Elementary School \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ Later/Career Change \_\_\_\_\_

4) **How did you hear about the Educator Preparation Institute?**  
Another student \_\_\_\_\_ A teacher \_\_\_\_\_ An advisor \_\_\_\_\_ Presentation \_\_\_\_\_ News article \_\_\_\_\_  
Poster \_\_\_\_\_ Brochure \_\_\_\_\_ Web site \_\_\_\_\_ Other \_\_\_\_\_

5) **Did you complete an application to the Florida Department of Education for a Temporary Teaching Certificate?** \_\_\_\_\_

6) **Do you have a statement of your Status of Eligibility (Statement of Eligibility)?** \_\_\_\_\_

7) **If not, have you applied to the Department of Education for a Statement of Eligibility?** \_\_\_\_\_

**Return to:** Doug Brown, EPI Director  
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Madison, FL 32340  
850.973.9493  
[brownd@nfcc.edu](mailto:brownd@nfcc.edu)

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