

The Perkins Professional Development Institute at the
College of Central Florida
 2010-2011 Application for Industry Certification Mini-Grant
 for **FULL-TIME** Career and Technical Education Faculty



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

PLEASE PRINT OR TYPE (applications will be rejected if all lines are not complete or the program number and/or certification are not on Skills List)

Name of teacher applying for grant: _____

Institution/school: _____

My school is one of the following: -Secondary School (9-12) -Tech Center - College

County: _____ Your Department: _____

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

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

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

Certification codes are listed on the [FLDOE Skills Inventory List](#) on our Web site:

Critical for Approval *

*PROGRAM NAME: _____ *PROGRAM NUMBER: _____

*CODE NUMBER: _____ *CERTIFICATION TITLE: _____

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NOTE: All Training and Certifications must be completed by June 15, 2011 – Invoices submitted after this date will not be paid.

NOTE-1: Workshops are for teachers ready for certification, who only need a brief review prior to the exam. We DO NOT teach the subject.

NOTE-2: Teachers applying for Distance Learning are not required to have subject matter expertise prior to approval.

TRAINING METHODS - Perkins Sponsored Workshop ←NOTE: NO page 2 Agreement required

Self-Study Vendor Workshop Certification Testing ←NOTE: An Agreement (page 2) IS required

Name & Location of workshop: _____ Date(s) _____

I currently have the subject matter expertise necessary to pass the certification examination - Yes (See note #1) No (See note #2)

Teacher's signature: _____ Date signed: _____

The above teacher is eligible and qualified for the Perkins Professional Development Institute mini-grants.

As director or supervisor of the applicant, I have read and agree to do the following:

1. Authorize paid leave for the teacher to attend certification training and testing.
2. Contribute \$ _____ to cover substitute teacher fees and travel, if applicable. *(THIS AMOUNT WILL NOT BE REIMBURSED)*
3. Inform the Perkins Professional Development Institute at the College of Central Florida of any changes in teacher status.
4. Provide requested documentation of certificate attainment and expenditures.

Signature of director or supervisor

Official Position/Title

Print Name: _____ Date: _____

Telephone: () - _____ Extension: _____ E-mail address: _____

*** COMPLETE PAGE 2 – ONLY if the teacher or school system is requesting reimbursement.**

FAX to 352-873-5870 or E-MAIL to VOGEB@CF.EDU or MAIL to Dr. Cheryl Fante, Perkins Professional Development Institute, College of Central Florida, Ewers Century Center, Room 202B, 3001 College Road, Ocala, FL 34474-4415

CF Approval

 Dr. Cheryl Fante