



District Application

### Program for Add-On Endorsement in Reading

Complete and submit to the Professional Development Office

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Add-On Program Area: \_\_\_\_\_

School: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_

Current Certification Areas: \_\_\_\_\_

DOE Certificate Number: \_\_\_\_\_

DOE Certification Type: \_\_\_\_\_

Certificat Expiration Date: \_\_\_\_\_

**I understand that, in order to obtain add-on endorsement in the area designated above, I must:**

- Be currently employed by Alachua County Public Schools
- Hold a valid temporary or professional certificate based on a bachelor’s degree or higher with certification in an academic, degreed vocational, administrative, or specialty class coverage.
- Successfully complete the Add-On Program approved by the District.

**I understand that:**

- The district will maintain documentation of my program attendance, performance, and completion.
- The district will provide, on request, continuing advisement on matters related to certification, add-on offerings, and progress.

\_\_\_\_\_  
*Applicant’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Application accepted: Director of Professional Development*

\_\_\_\_\_  
*Date*

*If applicable, attach a copy of university transcript and/or district inservice history and return to the Director of Professional Development for review.*