

**CAREER AND PROFESSIONAL EDUCATION ACT  
2009-10 INDUSTRY CERTIFICATION REQUEST  
FLORIDA DEPARTMENT OF EDUCATION, DIVISION OF WORKFORCE EDUCATION**

This form is to be used by districts to request a certification be added to the Industry Certification Funding List published by the Division of Workforce Education. Only items on the Comprehensive Industry Certification List approved by the Workforce Florida Board may be considered for inclusion on the Industry Certification Funding List. The 2009-10 Comprehensive Industry Certification List may be downloaded at the following Web site: <http://www.floridajobs.org/CAPE/cape.html>.

**CERTIFICATION INFORMATION**

Exact Certification Title:	
Certifying Agency:	
Certifying Agency Web site:	

**SECONDARY CTE PROGRAM INFORMATION**

Program Number:	
Program Title:	

**CERTIFICATION CRITERIA**

To be considered for the Industry Certification Funding List, the above request must meet the criteria shown below:

- Yes    No      The above certification is included on the current Comprehensive Certification List published by the Agency for Workforce Innovation.
- Yes    No      The above certification takes a minimum of 150 hours of instruction to achieve.
- Yes    No      The above certification is achievable by a student in the above secondary level program.
- Yes    No      The above certification has been offered in your school district for at least one year.

**INSTITUTIONAL APPROVAL**

The District Career and Technical Education Director or designee must approve requests for certifications to be added to the Industry Certification Funding List.

District Name: _____	
Phone/Ext: _____	Date: _____
Fax Number: _____	E-mail: _____
CTE Director/Designee Name (Printed):	CTE Director/Designee Signature: _____

**SUPPORTING DOCUMENTATION**

Attach a Statement of Justification and other resource material to illustrate the correlation between the program standards and the certification examination competencies, in order to certify that 150 hours of instruction are required to achieve the certification.

SUBMIT REQUEST TO:	QUESTIONS	
Lucy Hadi, Chancellor Division of Workforce Education 325 W. Gaines Street, Room 744 Tallahassee, FL 32399-0400 FAX: 850-245-9065	For inquiries on the status of your request, please contact Michelle Schmidt either by e-mail ( <a href="mailto:michelle.schmidt@fldoe.org">michelle.schmidt@fldoe.org</a> ) or by phone (850-245-9005). Questions about the Industry Certification Funding List should be referred to Tara Goodman at 850-245-9001 or via e-mail at <a href="mailto:tara.goodman@fldoe.org">tara.goodman@fldoe.org</a> .	
FOR OFFICE USE ONLY		
Date Received: _____	Staff Member: _____	
<b><u>Review &amp; Endorsement</u></b>		
Certification included on current Comprehensive Industry Certification List?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification requires a minimum of 150 hours of instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification achievable by a secondary student in a secondary program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification has been offered in a school district for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the responses to the above four criteria are "Yes," answer the following:		
_____	_____	
_____	_____	
Certification recommended for inclusion on Industry Certification Funding List?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	
_____	_____	
_____	_____	_____
<b><u>Review Committee Approval</u></b>	Signature	Date
Certification approved for inclusion on Industry Certification Funding List?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
_____	_____	
_____	_____	
_____	_____	_____
<b><u>Bureau Chief Approval (If approved by Review Committee)</u></b>	Signature	Date
Industry Certification Database updated? (Only if approved by Chancellor)		
Denied certification notice sent to requesting District? (Only if denied)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____
		Date