



DAYTONA STATE COLLEGE

Daytona Deland Flagler

Educator Preparation Institute Application

(Please Print)

Last Name: _____ First Name: _____ MI: _____

DOB (optional) _____ CARS ID # or last 4 of SS # : _____

Address: _____

Apt #: _____ City: _____ St: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____ Male Female

1) What degrees do you currently hold?

College/University	City/State	Academic Degree	Major	Year

2) What level do you plan to teach?

Elementary (K-6) _____ Middle School (6-9) _____
 Subject Area _____
 High school (9-12) _____
 Subject Area _____

3) In which county(ies) are you planning to teach? _____

4) How did you hear about the Educator Preparation Institute (EPI)? _____

- Website Informational Meeting News Article Brochure
 Word of Mouth Other _____

5) Have you ever had a license revoked? YES NO

If Yes, Explain: _____

6) Work History:

Employer	City/State	Began Work	Ended Work	Reason for leaving

7) Temporary Certificate? _____ Subject _____ Expiration Date _____

8) Official Statement of Status of Eligibility? _____ Subject _____ Expiration Date _____

Signature: _____ Date: _____