

Provider Name:				Program Year:		Employer Identification Number:			
1.	1. Class ID:	2. Legal Name:	3. Calendar:	4. Type:	5. Credential:	6. Curriculum:	<input type="checkbox"/> FS <input type="checkbox"/> SS <input type="checkbox"/> LS <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> G	Changed By:	
	7: SSN ¹ :		8. Cert:	9. Degree:	10. Start Date:	End Date:	Date Changed:		
2.	1. Class ID:	2. Legal Name:	3. Calendar:	4. Type:	5. Credential:	6. Curriculum:	<input type="checkbox"/> FS <input type="checkbox"/> SS <input type="checkbox"/> LS <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> G	Changed By:	
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Note: See the Privacy Act Statement concerning Social Security Numbers on page 2 of the instructions accompanying this application.

I certify that:

- Each instructor listed above has submitted an attestation of good moral character, has provided documentation to be maintained in the files of the PROVIDER/DISTRICT and the COALITION documenting that the individual has undergone a Level 2 background screening within the previous five (5) years in accordance with section 435.04, F.S., including a federal (Federal Bureau of Investigation), state (Florida Department of Law Enforcement), and local (county of the instructor's residence) screening which demonstrates that the individual is not ineligible to act as a VPK instructor; and is not ineligible to teach in a public school because the instructor's educator certificate has been suspended or revoked;
- Each credentialed instructor listed above has the credentials and emergent literacy training required for the VPK program; and
- To the best of my knowledge and belief, the information provided is true and correct. If any information changes, the provider will notify the coalition within 14 days. Changes implemented prior to receipt of coalition approval may result in noncompliance with VPK requirements.

11. Signature of Authorized Representative: <input type="checkbox"/> By Electronic Signature				12. Date:	
13. Print Name of Authorized Representative:				14. Daytime Phone Number:	
Process Agent		Date	Process Manager		Date