

PROFESSIONAL EDUCATION COMPETENCY (PEC) COMPLETION FORM

01. EMPLOYEE INFORMATION

Employee's Legal Name		Employee's EID Number
FIRST NAME _____ LAST NAME _____		EMPLOYEE IDENTIFICATION NUMBER _____
School/Location	Job Title	PEC Enrollment Date
LOCATION NAME _____	SPECIFIC JOB TITLE _____	____ / ____ / ____ LOCATED ON PEC ENROLLMENT FORM

02. CERTIFICATION

Click [HERE](#) to visit the Certification Department website

TEMPORARY Validity Dates: ____ / ____ / ____ to ____ / ____ / ____

Are you transferring points from another Florida school district? No Yes _____ County

GKT Pass: Yes No GKT Date: ____ / ____ / ____

ELL Training Level: _____ *If you are not sure of your ELL Training Level, please refer to your Professional Learning Transcript (iBriefing #11692) and the page titled "English Language Learners (ELL)"*

Have you completed the 1st Year ELL requirement: Yes No

If yes, training start date: ____ / ____ / ____ Training Title: _____

03. NTOP INFORMATION

Did you submit the 1st Year Teacher Completion Form Yes No If yes, date submitted: ____ / ____ / ____

04. PROFESSIONAL LEARNING

Training #1 _____ Date Completed: ____ / ____ / ____

Training #2 _____ Date Completed: ____ / ____ / ____

Please attach a copy of your Professional Learning Transcript showing the two trainings you indicated above.

05. SIGNATURES

EMPLOYEE	DISTRICT MENTOR	SCHOOL-BASED MENTOR
_____ EMPLOYEE SIGNATURE	_____ DISTRICT MENTOR PRINTED NAME	_____ SCHOOL-BASED MENTOR PRINTED NAME
	_____ DISTRICT MENTOR SIGNATURE	_____ SCHOOL-BASED MENTOR SIGNATURE
PRINCIPAL		
_____ PRINCIPAL PRINTED NAME		
<input type="radio"/> I verify that the teacher named above has had a satisfactory CTEM Evaluation.		
_____ PRINCIPAL SIGNATURE	_____ PRINCIPAL SIGNATURE	