

## Teaching Certificate Requirement Verification

**Degree Objective: M.S. in School Counseling at Nova Southeastern University**

\_\_\_\_\_  
Last name, first name (please print)

\_\_\_\_\_  
Date

Please check the box that applies to you:

This is to acknowledge that **I currently hold** a valid Florida teaching certificate. A copy of my certificate is included with my application materials.

This is to acknowledge that **I do not hold** a valid Florida teaching certificate. I understand that in order to graduate from this program and for my degree to be conferred, I must fulfill additional course requirements and the successful passing of the three sub-tests of the Florida Teacher Comprehensive Exam. In particular, I acknowledge that if admitted to the School Counseling program, I must successfully pass all four sections of the General Knowledge Test (one of three sub-tests of the FTCE) by the completion of the first four graduate courses.

I will contact the Florida Department of Education for information on current certification requirements as this might impact receipt of Florida Certification in School Counseling.

\_\_\_\_\_  
Applicant's Signature

Please sign and return to:

Nova Southeastern University  
EPS  
Attn: Center for Psychological Studies  
P.O. Box 299000  
Fort Lauderdale, FL 33329-9905  
Or Fax to: 954-262-3608 or 3609