

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM  
AUTOMATED STAFF DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1991-92 July 1, 1991
--

<b>Element Name:</b> Florida Educators Certificate Type																			
<b>Definition/Domain</b>																			
<p>A code to identify the type of certificate issued to instructional personnel.</p> <table> <thead> <tr> <th><u>CODE</u></th> <th><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td><b>RG</b></td> <td>Regular/Professional</td> </tr> <tr> <td><b>NP</b></td> <td>Non-renewable Professional</td> </tr> <tr> <td><b>AC</b></td> <td>Athletic Coaching</td> </tr> <tr> <td><b>TB</b></td> <td>Temporary (one year) certificate with credit required to reissue</td> </tr> <tr> <td><b>TC</b></td> <td>Temporary (one year) certificate with no credit required to reissue</td> </tr> <tr> <td><b>TM</b></td> <td>Temporary (two years)</td> </tr> <tr> <td><b>TD</b></td> <td>Temporary (three years) Non-renewable certificate</td> </tr> <tr> <td><b>SB</b></td> <td>Substitute</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	<b>RG</b>	Regular/Professional	<b>NP</b>	Non-renewable Professional	<b>AC</b>	Athletic Coaching	<b>TB</b>	Temporary (one year) certificate with credit required to reissue	<b>TC</b>	Temporary (one year) certificate with no credit required to reissue	<b>TM</b>	Temporary (two years)	<b>TD</b>	Temporary (three years) Non-renewable certificate	<b>SB</b>	Substitute
<u>CODE</u>	<u>DEFINITION</u>																		
<b>RG</b>	Regular/Professional																		
<b>NP</b>	Non-renewable Professional																		
<b>AC</b>	Athletic Coaching																		
<b>TB</b>	Temporary (one year) certificate with credit required to reissue																		
<b>TC</b>	Temporary (one year) certificate with no credit required to reissue																		
<b>TM</b>	Temporary (two years)																		
<b>TD</b>	Temporary (three years) Non-renewable certificate																		
<b>SB</b>	Substitute																		
<b>Length:</b> 2	<b>State Reporting Formats Requiring This Data Element:</b>  None																		
<b>Format:</b> Alphanumeric																			
<b>Compatibility Requirement:</b> Compatible																			
<b>Use Types:</b> <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																			
<b>Data Element Number:</b> 206040																			
<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																			
<b>Revised:</b> 10/01	<b>Volume II</b>	<b>Effective:</b> 7/07	<b>Page Number:</b> 31-11																