SUBMIT SCREEN							
Sign up or sign in x +		 ✓ – 	- 0				
← → C ③ https://employeestatuscheck	.fldoe.org						
FLORIDA DEPARTMENT OF			og Out				
EDUCATION fldoe.org	н	HOME MENU SEARCH SUBMIT EDIT D	DELETE				
	Private Scholarship School Certification of Final Determination of El	ligibility for the Disqualification List					
Personal information of the	individual to be included on the Disqualification List						
		Fields marked with * are required					
 First Name: 	PATRICIA * Date of Birth	h (DOB): 11/08/1980					
Middle Name:	SALLY * Social Secur	rity Number (SSN): 1234 Last 4 Digits					
* Last Name:	SI						
Verification of information o	f the individual to be included on the Disqualification List						
In order to	o report a person for the Disqualification List, the following must be true,	as reflected by checking the boxes below.					
	port contains a determination that the person is ineligible for employmer						
* 🗹 I verify that this deter either sexual miscone	mination is based upon a finding, supported by clear and convincing evi duct with a student* or that the person has been convicted* of one of th	ne crimes listed in s. 1012.315, F.S.					
	l missen duct en enimes secured en en often Ture 4.0000 utbils the news						
	I misconduct or crime occurred on or after June 1, 2022, while the perso						
 I confirm that the per capitalized language 	* 🗹 I confirm that the person has been provided written notice of the consequences of placement on the Disqualification List, as set forth in the capitalized language found in Rule 6A-10.084(3)(b)3., F.A.C.						
★ 🔽 I verify that the final r	* I verify that the final report relied upon to report the person to the Disqualification List was issued in conformance with procedures adopted by the school or its governing authority to comply with Rule 6A-10.084(6), F.A.C.						
school or its governii	ig authority to comply with Rule 6A-10.084(6), F.A.C.						
		*Please see Rule 6A-10.084, F.A.C., for a definition of the term.					
Underlying conduct informa	tion of the individual to be included on the Disqualification List						
 Please select at least one 	e option from below:						
	[Select a value					
	a student as defined by this rule, occurring on or after June 1, 2022.	Adjudicated guilty by a court					
	s. 1012.315, F.S., occurring on or after June 1, 2022.	Found guilty of, has pled guilty or pled nolo					
* Section:							
🖌 Felony Offense	 ★ Felony Offense ★ 	Misdemeanor Offense					
Misdemeanor Offense	Section 393.135, relating	Section 784.03, relating to battery					
Any criminal act commit Any delinquent act com		Section 787.025, relating to luring					
Date of Underlying Cond	uct: MM/DD/YYYY Final Report Number: * 3265864	Final Report Date: * MM/DD/YYYY					
Employment information of	the individual to be included on the Disqualification List						
* Position Type:	Instructional Personnel	Educational Support Personnel					
 Last Date of Employment 							
Separation Type	Resigned in Lieu of Termination Termination						
	Other						
Employment site information	n of the individual to be included on the Disqualification List						
 Entity Name: 							
School Number/Name:	Select School Information 0001 School Name Sample (1)						
	0002 I School Name Sample (2)						
└							
Comment	s:						
L							

Rule 6A-10.084, F.A.C., Form No. DQ-4, Effective June 1, 2022

	CANCEL		SUBMIT		VIEW HISTORY
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