

## School District of DeSoto County Division of Career and Adult Education

Family Service Center  
310 West Whidden Street  
Arcadia, Florida 34266

2023/2024 Nursing Assistant Program

Dear Applicant,

Thank you for your interest in the Nursing Assistant program at the Family Service Center.

The Nursing Assistant program consists of Health Science Core (HSC0003 - 90 hour class) plus the Nurse Aide and Orderly class (HCP0121 - 75 hour skill/clinical). Once these two courses are completed, the CNA State Exam is taken and if passed, you will receive your license as a Certified Nursing Assistant. If you choose to further your nursing career, the Basic Healthcare Worker, the Nurse Aide and Orderly courses plus a valid Florida CNA license with at least 1 year of employment are required prior to acceptance to the Practical Nursing program course of study.

Below is an itemized listing of dates, times, tuition, estimated book costs and fees for the next Nursing Assistant program. Classes will begin in August, 2023, and January, 2024 with all enrollments being on a first come first served basis. Registration is ongoing and will continue until the class is full. Orientation will be held at the Family Service Center on the first day of class beginning at 4:00 p.m. This meeting is mandatory; come dressed in scrubs and closed toe shoes.

### **Health Science Core (HSC0003) (Theory)**

Class dates: (1<sup>st</sup> cohort) August, 2023 and (2<sup>nd</sup> cohort) January, 2024

Class times: Monday, Tuesday & Thursday - 4:00 p.m. to 9:30p.m.

Total Basic Health Care Worker: Tuition, Books, CPR & BFA Cards approximately \$610.00

**CPR HIV and Domestic Violence will be taught only once during this course and attendance is mandatory unless you have a valid CPR card that will be good through the completion of the program. You will be responsible for obtaining CPR instruction on your own if not completed.**

### **Nurse Aide and Orderly (HCP0121) (Skills and Clinicals limited to 12 students per class (2 classes available)**

Class dates: (1<sup>st</sup> cohort) October, 2023 and (2<sup>nd</sup> cohort) April, 2024

Class times: Monday and Tuesday or Wednesday and Thursday - 4:00 p.m. to 10:30 p.m.

Total Nurse Aide and Orderly: Tuition, Liability Insurance is approximately \$300.00

The following is a list of items that are necessary for the **Nurse Aide and Orderly** course and are due at time of initial registration:

- Proof of health insurance or Medicaid, proof of Immunizations to include PPD (tuberculosis) test within the last 12 months and proof of Hepatitis B shot series.
- While in the classroom, closed toe shoes and scrubs are required, you may wear any color.
- During your visits to the hospital and nursing home, Royal Blue scrubs and closed toe shoes, a watch with second hand and stethoscope are required. A location will be shared with you to order specific scrubs.

### **Florida Board of Nursing - State Test**

The approximate cost of the State Testing Fee (\$160.00) and the FBI Background Screening fee (\$110.00)

The State testing fee and the Background fee are both included in the total amount collected for the Nursing Assistant class. The application for the state exam is completed at the conclusion of the CNA program and will be submitted to the testing agency. A Level II background check is required for all applicants taking the State Exam. Enclosed you will find the "Criminal History Information from the Board of Nursing Website" document. Each student will be required to have a background screening prior to entering the clinical sites.

### **Proof of Residency for Tuition Purposes:**

All students are required to provide 2 different forms of ID to show proof of Florida Residency. Attached is the notice explaining the Florida Residence for Tuition Purposes documentation. If a student cannot prove Florida Residency, he/she will be required to pay the out-of-state tuition rate.

### **Registration Process:**

- Schedule an appointment with the receptionist to take the TABE test unless one has been taken within the last year. You may be exempt from the TABE with proof of an AA degree or higher in Science.
- Orientation will be scheduled with the Intake & Placement Specialist to review your scores and register for Nursing Assistant program, as registration is ongoing until the class is full.
- Contact number is 863-993-1333.

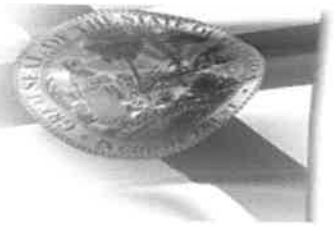
A down payment of \$375.00 is due at time of registration with the balance due in scheduled payments. You may contact Heartland Workforce @ 863-993-1008, Florida Farmworker @ 863-784-7043, Step Up SunCoast @ 863-448-9203 or Family Service Center @ 863-993-1333 for information on the grants and scholarships. All arrangements must be settled before the first day of the nursing assistant program.

Attached is information on the proof of Residency, fingerprinting requirements and the background screening. If you have any questions, please feel free to email me at [jamie.atherton@desotoschools.com](mailto:jamie.atherton@desotoschools.com) or call at 863-993-1333 to speak with Mrs. Gonzalez or myself. I hope to see you soon and do remember...

**"An education is the opening of new doors for you!"**



# FLORIDA | Board of Nursing



## Electronic Fingerprinting

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Applicants for initial licensure must use a Livescan service provider to have their fingerprints submitted electronically to the Florida Department of Law Enforcement (FDLE) for conducting a search for any Florida and national criminal history records that may pertain to applicant. The results will be returned to the Care Provider Background Screening Clearinghouse (Clearinghouse) and made available to the Department for consideration during the licensure process. The Livescan fingerprints submitted by the applicant will be retained by FDLE and the Clearinghouse. All costs for conducting a criminal history background screening are borne by the applicant. The Department cannot accept hard fingerprint cards or results. All results must be submitted electronically to the Clearinghouse.

It is important to use the correct Originating Agency Identification (ORI) when submitting fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the service provider, the board office **will not** receive your fingerprint results, so it is extremely important to use the correct ORI when having your fingerprints scanned.

Applicants can use any FDLE approved Livescan service provider to submit their fingerprints. The applicant is fully responsible for selecting the service provider and ensuring the results are reported to the Department. For more information, FAQs, and a list of all approved Livescan service providers please visit the [Background Screening](#) website.

Please take the [CNA Exam Electronic Fingerprinting Form](#) with you to the Livescan provider. Please check the service provider's requirements to see if you need to bring any additional items. Please verify the Originating Agency Identification (ORI) number submitted by the LiveScan service provider matches the information provided.

Please take the [Nursing Electronic Fingerprint Form \(RN/LPN/ARNP\)](#) or the [CNA Electronic Fingerprint Form](#) with you to the Livescan provider. Please check the service provider's requirements to see if you need to bring any additional items. Please verify the ORI number submitted by the Livescan service provider matches the information provided by the Florida Board of Nursing.

## Background Screening

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Applicants for initial licensure must use a Livescan service provider to have their fingerprints submitted electronically to the Florida Department of Law Enforcement (FDLE) for conducting a search for any Florida and national criminal history records that may pertain to applicant. The results will be returned to the Care Provider Background Screening Clearinghouse (Clearinghouse) and made available to the Department for consideration during the licensure process. The Livescan fingerprints submitted by the applicant will be retained by FDLE and the Clearinghouse. All costs for conducting a criminal history background screening are borne by the applicant. The Department cannot accept hard fingerprint cards or results. All results must be submitted electronically to the Clearinghouse.

It is important to use the correct Originating Agency Identification (ORI) when submitting fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the service provider, the board office **will not** receive your fingerprint results, so it is extremely important to use the correct ORI when having your fingerprints scanned.

Applicants can use any FDLE approved Livescan service provider to submit their fingerprints. The applicant is fully responsible for selecting the service provider and ensuring the results are reported to the Department. For more information, FAQs, and a list of all approved Livescan service providers please visit the [Department's website](#).

Please check the service provider's requirements to see if you need to bring any additional items. Please verify the Originating Agency Identification (ORI) number submitted by the Livescan service provider matches the information provided by the Florida Board of Nursing.

### **Applicants with Criminal History**

Any applicant who has ever been found guilty of, or pled guilty or no contest/nolo contendere to any charge other than a minor traffic offense must list each offense on the application. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question. Failure to disclose criminal history may result in denial of your application. Each application is reviewed on its own merits.

The Board of Nursing has created guidelines for specific offenses to be cleared in the board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Violent crimes and repeat offenders are required to be presented to the Board of Nursing for review. Evidence of rehabilitation is important to the Board Members when making licensure decisions.

Applicants with prior criminal convictions may be required to submit the following documentation to the Board:

**Final Dispositions/Arrest Records** – Final disposition records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

**Completion of Probation/Parole/Sanctions** – Probation and financial sanction records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. Parole records for offenses can be obtained from the Department of Corrections or at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the clerk of the court attesting to their unavailability.

**Self-Explanation** – Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.

**Letters of Recommendation** – Applicants who have listed offenses on the application must submit 3-5 professional letters of recommendation from people you have worked for or with.

**SCHOOL DISTRICT OF DeSOTO COUNTY**  
DIVISION OF CAREER AND ADULT EDUCATION  
310 WEST WHIDDEN STREET, ARCADIA, FLORIDA 34266  
(863) 993-1333 FAX: (863) 993-9181

**NURSING ASSISTANT APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden Name

Address \_\_\_\_\_, Florida \_\_\_\_\_  
Street Name and Number or P. O. Box City Zip Code

Phone Numbers: \_\_\_\_\_  
Home Cell Work

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal physician: \_\_\_\_\_  
Company Physician Name  
Address City State Zip Code

In case of an emergency, please notify: \_\_\_\_\_  
Name Relationship Phone Number

Currently employed: ( ) yes ( ) no Employer: \_\_\_\_\_

Do you have: ( ) High School Diploma ( ) GED ( ) Neither ( ) Would like to register for ABE/GED classes.

Where did you last attend school? \_\_\_\_\_ What year \_\_\_\_\_

Have you lived in the State of Florida continuously for the last 12 months? \_\_\_\_\_

Who is responsible for the tuition, books & supplies? ( ) Personal responsibility ( ) Other agency \_\_\_\_\_ (please explain)

Do you currently receive public assistance? ( ) yes ( ) no Explain \_\_\_\_\_

Have you ever been convicted of a Felony? ( ) yes ( ) no Misdemeanor? ( ) yes ( ) no

What persuaded you to pursue a career in the health field? \_\_\_\_\_

Where do you plan on working once you complete your training? \_\_\_\_\_

Do you plan on continuing your training in health occupations? ( ) yes ( ) no In what field? \_\_\_\_\_

Does any of the following apply to you.... Yes \_\_\_\_\_ No \_\_\_\_\_

- Have worked as an adult primarily without remuneration (payment) to care for home and family and for that reason has diminished marketable skills.
- Has been dependent on public assistance or on the income of a relative but is no longer supported by such income.
- Is a parent whose youngest child will become ineligible (at age 16) to receive assistance under the program for Aid to Families with Dependent children under Part A of the Title IV of the Social Security Act within two years of the parent's application for assistance under the Act.
- Is employed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.
- Is described in one of the above statements and is a criminal offender.

**APPLICATION MUST BE RETURNED TO**  
Family Service Center - Division of Career and Adult Education  
Attn: Jamie Atherton  
310 W. Whidden Street, Arcadia, Florida 34266

Accommodations and services are available to students with special needs.

School District of DeSoto County  
 Division of Career and Adult Education  
 DeSoto County Nursing Assistant Program  
 Estimated Fees for 2023-2024

Basic Healthcare Worker

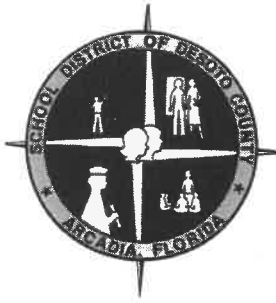
Tuition	\$265.00
Lippincott Nursing Assistant Text and Workbook	\$125.00
CNA Skills Made Easy	\$30.00
CNA Notebook	\$10.00
CPR Fees	\$65.00
Drug Screening	\$75.00
Fingerprint Fee	\$55.00
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Cost for Basic Healthcare Worker	\$625.00

Nurse Aide and Orderly

Tuition	\$220.00
Liability Insurance	\$15.00
Immunization - HepB **	\$165.00
Immunization - PPD **	\$33.00
Flu Vaccine **	\$60.00
Tetanus **	\$50.00
Immunization - Varicella (Chicken Pox) **	\$165.00
Stethoscope **	\$66.00
Nursing Shoes (Closed toe Shoes) **	\$125.00
Uniforms **	\$190.00
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Cost for Nurse Aide and Orderly	\$1,089.00
CNA Pre-test	\$25.00
Background / Fingerprint for State Boards	\$110.00
State Exam Fee	\$170.00
	\$305.00
Total Cost of Program	<hr/> <hr/> \$2,019.00

\* indicates cost not paid by the training provider

Beginning with the 2022-2023 academic year, a disabled veteran enrolled in a program of education approved for educational assistance under 38 U.S.C. s. 3313 at a state university, a Florida College system institution, a career center operated by a school district under s. 1001.44, or a charter technical career center who does not qualify for the 100-percent eligibility tier under federal law is eligible to receive a waiver for tuition and fees. The waiver amount is equal to the difference between the portion of tuition and fees paid in accordance with federal law and the full amount of tuition and fees at the institution attended. The amount awarded by the stat is not to be determined until after the application of federal benefits under 38 U.S.C. s. 3313.



**SCHOOL DISTRICT OF DESOTO COUNTY  
DIVISION OF CAREER AND ADULT EDUCATION**

Family Service Center  
310 West Whidden Street  
Arcadia, Florida 34266

**RELEASE OF INFORMATION**

I hereby grant permission to the School District of DeSoto County - Division of Career and Adult Education programs to make inquiries on my behalf to outside agencies, i.e. employers, schools / colleges, doctors, mental health agencies etc. and authorize these agencies to release information to the School District of DeSoto County - Division of Career and Adult Education.

I also grant permission to the School District of DeSoto County-Division of Career and Adult Education programs to release my information when requested by the above listed entities on my behalf.

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Print Name

Student ID Number

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Student Signature

Date

## EQUAL EDUCATIONAL OPPORTUNITIES ASSURANCES

SCHOOL BOARD POLICY EPS CODES: AA & JFCL

### NON-DISCRIMINATORY MINORITY LANGUAGE EQUITY

"National origin minority or limited English proficient students shall not be subjected to any disciplinary action because of their use of a language other than English." [FAC 6A-6.0908(3)]. If you feel you have been unfairly discriminated against and disciplined because of your use of a language other than English in the DeSoto County public schools, please notify the school principal and/or Ms. Gina Stafford, Director of Student Services at (863) 993-1333 – ext. 314

### VOCATIONAL EDUCATION EQUITY

SCHOOL BOARD POLICY EPS CODE: AA

All vocational courses are open to all students without regard to race, color, national origin, sex or disability. If you feel you have been discriminated against in any one of these areas, please notify your principal and/or Ms. Gina Stafford, Director of Student Services at (863) 993-1333 – ext. 314

### AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SCHOOL BOARD POLICY EPS CODE: AC

Unlawful Discrimination Prohibited. The DeSoto County School Board subscribes to and will comply with the Florida Educational Equity Act. The school board will ensure implementation of this Act in the following areas: treatment of students, health services, interscholastic, club and intramural athletics, student financial assistance, student employment, educational and work environment, and personnel.

No person shall, on the basis of race, color, religion, sex, national origin, disability, age or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity except as provided by law.

General Authority 230.22 FS., 228.2001 FS, DOE Rules 6A-19.01, 6A-19.10.

Ms. Gina Stafford, Director of Student Services  
310 West Whidden Street  
Arcadia, Florida 34266  
(863) 993-1333 – ext. 314

Contact Director Stafford for a copy of the Customer Complaint Procedures (EPS Code: AA-R).



## PROOF OF RESIDENCY FOR TUITION PURPOSES

To qualify for Florida Residency Tuition Rate, students will be required to show proof of Florida residency. If a student can not prove Florida Residency, he/she will have to pay the out-of-state tuition rate to enroll in classes.

1. The documents must include at least one of the following:
  - a. Florida voter's registration card
  - b. Florida driver's license
  - c. State of Florida identification card
  - d. Florida vehicle registration
  - e. Proof of a permanent home in Florida which is occupied as a primary residence by the individual or the individual's parent if the individual is a dependent child.
  - f. Proof of homestead exemption
  - g. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned in the last 12 months
  - h. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12 month period.
2. The documents may include one or more of the following:
  - a. Declaration of domicile in Florida
  - b. Florida professional or occupational license
  - c. Florida incorporation
  - d. Document evidencing family ties in Florida
  - e. Proof of membership in a Florida based charitable or professional organization
  - f. Any other documentation that supports the student's request for resident status, including but not limited to, utility bills and proof of 12 consecutive months of payment; a lease agreement and proof of 12 consecutive months of payment; or an official state, federal or court document evidencing legal ties to Florida.

# FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes (see "Qualification by Exception" below). All other persons are ineligible for classification as a Florida "resident for tuition purposes"
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state.

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**Please print of submitting hard copy.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student is a: ( ) U.S. Citizen ( ) Non-U.S. Citizen ( ) Permanent Resident ( ) Other

Alien Registration Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Visa Category: \_\_\_\_\_

All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration services office.

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## **NON-FLORIDA RESIDENT**

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s.1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name: \_\_\_\_\_

Signature of Student; (Electronic or ink); \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:**

I qualify as a resident for tuition purposes, as defined by s.1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below.)

I am a dependent student, as defined by s.1009.21 (1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my "parent" as defined by s.1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s.222.17" A copy of your parent's tax return may be requested to establish dependence.

I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy of your tax return may be requested to establish independence.

I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

**TERM OF APPLICATION:** (check one):  FALL  SPRING  SUMMER YEAR \_\_\_\_\_

**QUALIFICATION BY EXCEPTION:** (to be completed by the student)

As provided in s.1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

- I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)
- I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)
- I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident).
- I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- Active duty members of the armed services of the United States residing in the state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record.)
- Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida college System institution or state university within 50 miles of the military establishment

where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

- ( ) United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)
- ( ) Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children. (Required: Employment Verification)
- ( ) Students from Latin America and the Caribbean who receive scholarships from the Federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: proof of scholarship and Latin America or Caribbean residency.)
- ( ) Southern Regional Education Board's academic Common Market graduate students attending Florida's state universities. (Required: Certification letter from State Academic Common Market Coordinator.)
- ( ) Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment verification / payment agreement).
- ( ) McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification from graduate studies.)
- ( ) United States citizens living outside the United States who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. (Required: Proof of enrollment in graduate program for FL teaching certificate).
- ( ) Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed. (Required: Proof of active duty membership for specified purpose.)
- ( ) Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose.)

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**TO BE COMPLETED BY THE CLAIMANT / PERSON CLAIMING RESIDENCY:**

**Note:** If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. **No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.**

Claimant / Name of Person Claiming FL Residency: \_\_\_\_\_

Claimant's Relationship to Student: \_\_\_\_\_

Claimant's address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Claimant began establishing legal FL residence (if upon birth, enter birthdate: \_\_\_\_\_

**PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY**

**Per s.1009.21(3)(c), Florida Statutes, the residency determination must be documents by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.**

**A. Claimant must provide at least one of the following of his/her personal documentation:**

- ( ) Florida Voter's registration card number: \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- ( ) Florida Driver's License. Number \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ( ) Florida State Identification Card: Number \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ( ) Florida Vehicle Registration Number \_\_\_\_\_ Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ( ) Proof of permanent home in Florida occupies as primary residence for 12 consecutive months prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)
- ( ) Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)
- ( ) Official transcripts from a Florida high school for multiple years (2 or more), if the Florida high school diploma or GED was earned within the last 12 months. (Dates of attendance: \_\_\_\_\_  
Graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required: Transcript)
- ( ) Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for the past 12 consecutive months and /or verification from employers, and / or IRS 1099 with verification of employment for the past 12 consecutive months from an employer.)

**B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):**

- ( ) Declaration of domicile in Florida in accordance with s.222.17 Florida Statutes.
- ( ) Florida professional or occupational license
- ( ) Florida incorporation
- ( ) Document evidencing family ties in Florida
- ( ) Proof of membership in a Florida-based charitable or professional organization
- ( ) Any other documentation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state federal, or court document evidencing legal ties to Florida.

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**RESIDENCY DECLARATION:**

I, the undersigned, hereby declare that I have read the foregoing document and that the facts state in it are true and further affirm the authenticity of the information provided on all pages of this residency Declaration. I understand that any false or misleading information on this residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name: (Please Print) \_\_\_\_\_

Claimant Name (if not the Student): \_\_\_\_\_

Signature of Claimant (Electronic or ink): \_\_\_\_\_