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Paid:	#

2008-2009 Master Inservice Program Application

Required annually for all IACCS/FACCS schools participating in the Professional Educator Certification Program

Please complete all requested information.

School Name:	_____		
Address, City, St, Zip:	_____		
Administrator Name:	_____	E-mail:	_____
In-Service Contact:	_____	E-mail:	_____
School Phone:	_____	School Fax:	_____
IACCS/FACCS Status:	_____	# of Faculty	_____

**IACCS/FACCS status is either Participant, Candidate for Accreditation, or Accredited*

Registration Fee
\$375 per school, annually

Includes for each teacher:
Online CEU approval and accrual system
Online transcripts
FLDOE Certification Assistance
PECD Program

E-mail this form to ops@iaccs.org or ops@faccs.org

If paying by check,
 make payable to FACCS and mail to:
IACCS/FACCS Office of Program Services
PO Box 277807
Miramar, FL 33027

If paying with a credit card,
 please visit <http://www.faccs.org/payments.htm>
 and select **Certification Fees #6160** in the pull-down box. You will be taken to PayPal to complete your transaction by manually inputting the \$375 fee. You do not need to have a PayPal account to use this service. There will be a small transaction fee for using this service.