



**Florida Power-Library Schools Program
Application Cover Sheet**

Library Media Specialist's Name: _____

Library Media Specialist's School Email: _____

Principal's Name: _____

School Name: _____ School District: _____

School address: _____

City: _____ Zip code: _____

School Telephone: _____ School Fax: _____

Number of Faculty Members: _____ Number of Students: _____
(Note: If the number of faculty members changes prior to survey due date, YOU MUST notify the FASM president prior to the survey completion date!)

Library Media Supervisor: _____

Application Checklist:

- Element 1 – Statement of Intent previously submitted
- Element 2 – Copy of Library Media Specialist's Teaching Certificate
- Element 3 – Survey Results

Application Packet

- Element 4 – Online Portfolio and Site Visit
- Element 5 – Application Coversheet
- Element 6 – Narrative Statement
- Element 7 – ExC³EL Rubric Scoring Sheet (Summary Worksheet)
- Element 8 – Video recording (DVD-R format)