



SSN

Finger print clearance date

01/22/07

SCHOOL DISTRICT

This Certifies That

JONATHAN ROSS SANDERS

having satisfactorily completed all requirements of the rules and procedures of the School District of Escambia County, Florida, thereby demonstrating satisfactory evidence of professional competence in the coverages listed below, is hereby issued this Educator's Certificate and is entitled to all Rights and Privileges appertaining thereto.

CERTIFICATE TYPE  
HIGHEST ACCEPTABLE  
LEVEL OF TRAINING

SUBSTITUTE  
OTHER LESS THAN DEGREE

VALIDITY PERIOD

JULY 01 2006 THROUGH JUNE 30 2011

SUBJECT COVERAGES

\$	†	‡	§	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†
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			SUB TEACH																

§ Professional Certificate Subject Coverage Renewal Status: W. Coverage renewed during last validity period. C. Coverage to be renewed during current validity period.

- † Class Code:
- ‡ Instructional Level:
- § Subject Code:

- 1. Academic
- 2. Administrative
- 3. Adult
- 4. Vocational
- 5. Specialty
- 0. Early Childhood
- 1. Grades 6-12
- 2. Adult
- 3. Grades 1-5
- 4. Grades 7-12
- 5. Grades K-3
- 6. Grades K-12
- 7. Vocational
- 8. Grades 7-9
- 9. Middle School
- A. Nursery / Pre K
- B. Grades K-3
- C. Grades 5-9
- D. Grades PK-12
- E. Endorsement
- F. No Specified Level
- H. Grades PK-3
- K. Grades K-5

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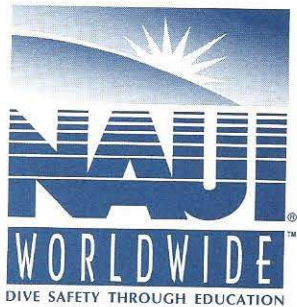
EDUCATIONAL NUMBER

Teenie Wehmeier

TEENIE WEHMEIER  
CERTIFICATION MANAGER

Jim Paul

JIM PAUL  
SUPERINTENDENT OF SCHOOLS



This certifies

JONATHAN SANDERS

has successfully  
completed a  
NAUI First Aid / CPR

EMERGENCY OXYGEN ADMINISTRATION

training program and  
has met NAUI guidelines.

Instructor RICHARD ADAMS

NAUI # 46249

Date 12/4/07

Course Location MBT DIVERS





# CERTIFICATE OF COMPLETION

PRESENTED TO:

**Jonathan Sanders**

for successfully completing the required training and testing for

**MANITOU CENTRAL STATION MANAGER**

Awarded on June 13<sup>th</sup>, 2012

A handwritten signature in black ink, appearing to read 'Jonathan Sanders'.

A handwritten signature in black ink, likely belonging to the awarding authority.

Signatures





The  
**HANDICAPPED SCUBA ASSOCIATION**

Hereby Certifies That

**JONATHAN SANDERS**

Has Satisfactorily Completed the Course Requirements

for Qualification as

**HSA INSTRUCTOR**

July 31, 2008

Date of Certificate

Vero Beach, Florida

Training Location

DM-2811

Instructor Registration Number



Course Director's Signature