Suicide Prevention Certified School
Certification of Compliance with Requirements of Rule 6A-4.0010, F.A.C.

Name of School:

Name of District:

Date of Submission:

Name of approved suicide awareness and prevention training:

Name of suicide risk assessment instrument:

Staff qualified to administer suicide risk assessment identified above:

Name	Position/Title	Credential

I, _____ certify that all instructional staff in
NAME

_____ have received at least 2-hours of FDOE approved suicide
SCHOOL
awareness and prevention training that is part of the continuing education or master inservice plan for instructional personnel and that _____ has a policy
SCHOOL
mandating the use of an approved suicide risk assessment instrument prior to initiating an involuntary examination (Copy of Policy is attached).

_____ _____

SIGNATURE OF PRINCIPAL/ADMINISTRATOR

DATE: _____

SIGNATURE OF SUPERINTENDENT OR DESIGNEE

DATE: _____

Submit completed form with a copy of risk assessment policy to suicidepreventionschools@fldoe.org