

6E-5.001 Religious Institution Letter of Exemption.

(1) Definitions. As used in this rule, a “letter of exemption” means a letter issued by the Commission to a nonpublic religious postsecondary educational institution ~~college~~ providing that the institution has met the requirements of state law and is exempt from licensure ~~not subject to governmental oversight~~.

(2) The Commission shall issue a letter of exemption no more than once annually, after receipt of a properly completed application on CIE Form 113 and approval from the Commission. CIE Form 113, Application for Religious Institution Letter of Exemption, is incorporated by reference to become effective December 2025 (DOS Link) ~~upon the effective date of this rule~~. CIE Form 113 may be obtained without cost, from the Commission’s website at www.fldoe.org/cie or by writing to the Commission for Independent Education, 325 West Gaines Street, Suite 1414, Tallahassee, Florida 32399-0400.

(3) The sworn affidavit portion of CIE Form 113 shall be executed by an Officer, Director or person holding a similar office with the religious institution.

(4) The Commission shall not issue a letter of exemption where it has not received a properly completed CIE Form 113 and approval from the Commission. Upon request from the Commission, the institution shall submit documentation demonstrating compliance with s. 1005.04, F.S. The institution shall submit such documentation with 30 days after the request.

(5) Duration. A letter of exemption is valid for one year from the date reflected on the letter.

Rulemaking Authority 1005.22(1)(d) FS. Law Implemented 1005.06(1)(f) FS. History—New 6-22-09.

**FLORIDA DEPARTMENT OF EDUCATION
COMMISSION FOR INDEPENDENT EDUCATION**



Mail Completed Application to:
Florida Commission
for Independent Education
325 West Gaines Street, Suite 1414
Tallahassee, FL 32399

**APPLICATION FOR RELIGIOUS
INSTITUTION
LETTER OF EXEMPTION**

SECTION 1005.06(1)(f), F.S./ RULE 6E-5.001, Fla. Admin. Code

Instructions: Email the completed application to cieinfo@fldoe.org or mail the completed form to:

Florida Commission for Independent Education
325 W. Gaines Street, Suite 1414
Tallahassee FL 32399

Please print or type, attaching additional pages as needed:-

Name of Religious Institution

Explanation of the religious modifier, religious name, or religious symbol used in the institution's name

Physical Address of Religious Institution

City: _____ State: _____ ZIP _____

Telephone Number: _____

Fax Number:* _____

Email:* _____

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Mailing Address of Institution or Representative (if different from address listed above):

Title: _____

Program Title / Major	Credential
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Sworn Affidavit

By signing below, the undersigned swears or affirms that the statements found in subparagraphs 1. through 5, are true and accurate:

1. The name of the institution includes a religious modifier or the name of a religious patriarch, saint, person, or symbol of the church.
2. The institution offers only educational programs that prepare students for religious vocations as ministers, professionals, or laypersons in the categories of ministry, counseling, theology, education, administration, music, fine arts, media communications, or social work.
3. Each degree title includes a religious modifier that immediately precedes, or is included within, any of the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, Doctor of Philosophy, and Doctor of Education. The religious modifier is placed on the title line of the degree, on the transcript, and whenever the title of the degree appears in official school documents or publications.
4. The duration of all degree programs offered by the institution is consistent with the standards of the Commission for Independent Education as set forth in Rule 6E-2.004(4), F.A.C.
5. The institution's consumer practices are consistent with those required by s. 1005.04, F.S., including Rule 6E-1.0032(6)(i), F.A.C.

Signed: _____

NOTARIZATION

STATE OF FLORIDA COUNTY OF _____

SWORN TO OR AFFIRMED before me this _____ day of _____, 20____.

Personally known _____ or Produced Identification _____
List type of Identification Produced _____

Signature of Notary: _____

Print Name of Notary: _____

Notary Seal