Alabama State Department of Education
Teacher Certification Section
Office of Teaching and Leading

5215 Gordon Persons Building
Post Office Box 302101
Montgomery, AL 36130-2101

Telephone: (334) 353-8567
www.alsde.edu

This section must be completed by the employing Alabama school system or nonpublic school.

School System Code: ___ ___ ___

Nonpublic School Code: ___ ___ ___ - ___ ___ ___ ___

SUPPLEMENT EXP

This supplement is to be completed for verification of educational experience and for verification of clock hours of professional development.

Educational experience is full-time educational employment in:

- A state or local public school;
- A nonpublic school that was accredited, state certified, state registered, and/or state supported (grades P-12) when the experience was earned*****;
- A church-related/parochial school (grades P-12);
- A charter school (grades P-12) that was accredited by a regional accrediting agency or approved by the State Department of Education where the school was geographically located when the experience was earned*****;
- Alabama State Department of Education sponsored initiatives (e.g., AMSTI);
- State Departments of Education;
- An educational association;
- A post-secondary institution that was regionally accredited when the experience was earned.

*****Nonpublic schools which are not church-related and charter schools **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education with this form.

Educational experience as a graduate assistant, intern, student teacher, or in positions such as aide, clerical worker, or substitute teacher will **not** be considered.

For *certificate renewal*, educational experience in increments of less than one semester (4.5 months) or less than 20 hours per week will **not** be calculated toward full-time experience.

For *certificate issuance*, in an instructional support area (library-media, school counseling, administration and/or supervision, etc.), educational experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required.

Clock hours of professional development earned and applied toward renewal must be:

- Consistent with the Alabama Standards for Professional Development found at internet web site http://www.alsde.edu/CertificationForms (click *Certificate Renewal*);
- Based on the individual's professional growth needs as identified through performance evaluations, if employed; **and**
- Related to professional education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals, and evaluation of the activity.

For additional information and rules regarding certification requirements, which all applicants are responsible for meeting, please refer to the appropriate summary sheet(s) and the Alabama Administrative Code rules at internet web site www.alsde.edu/CertificationForms. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL**

I. PERSONAL DATA: TO BE COMPLETED BY APPLICANT *(TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM)*

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)

Street/Apt./P.O. Box/Route and Box	City	State	ZIP Code

Cell Telephone	Home Telephone	Work Telephone	E-mail Address
( )	( )	( )	

Social Security Number	Date of Birth (mm-dd-yyyy)
- -	- -

II. PURPOSE OF SUBMISSION:

☐ Certificate Renewal

☐ Issuance of a _____ certificate.

☐ Superintendent election in _____ County.

☐ Other_____

SECTIONS III., IV., and V. ON PAGE TWO **ARE TO BE COMPLETED BY** THE SUPERINTENDENT, HEADMASTER, POST-SECONDARY HUMAN RESOURCES/PAYROLL OFFICER OR ASSOCIATION DIRECTOR.
DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ABOVE ADDRESS. AT THE APPLICANT'S REQUEST, THIS FORM MAY BE FORWARDED TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.

Name: _____ Social Security Number: _____-_____-_____

III. EMPLOYMENT INFORMATION:

_____
Name of School System, Nonpublic School, Institution, or Association

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full Time / Part Time	If Part-Time, List Hours per Week
					☐Full Time ☐Part Time	
					☐Full Time ☐Part Time	
					☐Full Time ☐Part Time	
					☐Full Time ☐Part Time	
					☐Full Time ☐Part Time	

IV. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:
(Section IV. applies to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

Specific Professional Development Activity	**Beginning Month/Day/Year**	**Ending Month/Day/Year**	**Number of Clock/Contact Hours**

Total Clock/Contact Hours of Professional Development _____

V. I certify that all of the above information pertaining to this individual is true and correct:

Sworn to and subscribed before me this _____ day of

_____, _____

_____
Seal and Signature of Notary Public

My Commission Expires: _____

A NOTARY SEAL MUST BE AFFIXED TO THIS FORM.

_____
Signature of:
Superintendent ***or*** Headmaster
Postsecondary Human Resources/Payroll Officer
Association Director

_____
Typed or Printed Name

_____
Position Held

_____
School System, Nonpublic School, Institution, Association

_____
Address

_____
City/State/ZIP Code

_____
Telephone Number

_____
Date