



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

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

School System Code: \_\_\_ \_\_\_ \_\_\_

Nonpublic  
 School Code: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

Telephone: (334) 353-8567  
[www.alsde.edu](http://www.alsde.edu)

### 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](http://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.)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>				

**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
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> 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