FORM NAL 08/2012

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 E-mail: tcert@alsde.edu

APPLICATION FOR ALABAMA CERTIFICATION BASED ON AN ALABAMA STATE-APPROVED PROGRAM

A **$30** ***nonrefundable*** application fee is required for issuance of each certificate. Payment may be submitted in the form of a **cashier's check or money order** made payable to the Alabama State Department of Education. Application fees may also be paid through the Alabama State Department of Education Teacher Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education. A $4.00 transaction fee will be applied. A copy of the receipt verifying the confirmation number and fee(s) paid online must be included with the application packet.

The application review process will not be initiated until the Recommendation for Certification (*page three of this form*) has been received from the recommending institution.

APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.

I. PERSONAL DATA (*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)
- -	- -

FOR STATISTICAL PURPOSES ONLY

Ethnic Origin (*choose one*)
- ☐ (01) Hispanic Latino
- ☐ (02) Not Hispanic Latino

Gender (*choose one*)
- ☐ (F) Female
- ☐ (M) Male

Race (*choose one or more, regardless of Ethnicity*)
- ☐ (01) White
- ☐ (02) Black or African American
- ☐ (04) American Indian or Alaska Native
- ☐ (05) Asian
- ☐ (08) Native Hawaiian or Other Pacific Islander

II. RECORD OF EDUCATION (*Attach an additional sheet if needed*):

Transcripts of all degrees and credits earned are required unless previously submitted to this Office.

NAME OF COLLEGE OR UNIVERSITY	LOCATION	DATES ATTENDED	DEGREE AND MAJOR

III. EDUCATIONAL EXPERIENCE

(*Do not include student teaching, substitute, or teacher aide experience. If none, enter "**NONE**" below. List your most recent experience first; attach an additional sheet if needed.)*

DATES		NAME AND LOCATION OF SCHOOL/ SCHOOL SYSTEM	GRADE(S) AND SUBJECT(S) TAUGHT OR INSTRUCTIONAL SUPPORT POSITION (e.g., counselor, principal) HELD
Beginning Month/Year	Ending Month/Year		

IV. RECORD OF LAST ALABAMA TEACHER'S CERTIFICATE(S) ISSUED (*If none, enter the word **"NONE"** below.*)

NAME(S) OF CERTIFICATE(S)	VALID PERIOD	NAME IN WHICH CERTIFICATE WAS ISSUED

V. ALABAMA EDUCATOR CERTIFICATION TESTING PROGRAM (AECTP)

Information may be obtained at the Department's Web site, www.alsde.edu/teachertesting.

Applicants for Alabama certification must meet the requirements of the Alabama Educator Certification Testing Program as a precondition for certification.

Basic Skills Assessments	Date assessments taken	**Subject Assessments**	Number and Name of Assessment(s) / Date Taken

(continued on page 2)

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

VII. DECLARATION

A. CITIZENSHIP OR NATIONAL STATUS (*Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)*

☐ Yes ☐ No I declare that I am a citizen of the United States; **OR**

☐ Yes ☐ No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

B. SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL *(Per Alabama Act No. 2012-533)*

This section is to be completed for spouses of military personnel who would like to request an expedited review of the certification application packet.

☐ Yes ☐ No I am married to and living with an active duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders.

PERSONAL DATA OF THE ACTIVE DUTY MEMBER OF THE UNITED STATES ARMED FORCES:

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

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

I understand that this request to review my file on an expedited basis does not exclude me from meeting ANY Alabama teacher certification requirements, including testing.

C. PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION

Check "yes" ***or*** *"no" for each question below.* ***"YES"*** *responses require an attached explanation and any additional supporting documentation (e.g. court certified copies of judgment, conviction, and sentencing).*

READ CAREFULLY

☐ Yes ☐ No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education**?

☐ Yes ☐ No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education**?

☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?

☐ Yes ☐ No Have you ever resigned from a position rather than face disciplinary action?

☐ Yes ☐ No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

☐ Yes ☐ No Are you the subject of a pending investigation involving a criminal act?

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Teacher Certification Section of the Office of Teaching and Leading and that it is my responsibility to keep all personal data on file in the Teacher Certification Section of the Office of Teaching and Leading current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NONISSUANCE OF YOUR CERTIFICATE.

_____ _____

Date **Signature of Applicant**

(continued on page 3)