

Alabama State Department of Education
Educator Certification Section
 5215 Gordon Persons Building
 Post Office Box 302101
 Montgomery, AL 36130-2101
 Telephone: (334) 694-4557
[Alabama Achieves](#)



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

School System Code: _____

Nonpublic/Private
 School Code: _____

SUPPLEMENT EXP

GENERAL INFORMATION

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL

This supplement is to be completed to verify professional educational work experience.

Professional educational work experience is full-time educational employment in:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- A State Department of Education;
- A professional education association;
- A college or university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic/private school (grades P-12);
- An Alabama charter school (grades P-12);
- A nonpublic/private school or charter school (grades P-12) outside of Alabama that was regionally accredited or approved by the State Department of Education, where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by the State Department of Education, during the school year(s) the experience was earned, with this form;
- A federally operated grades P-12 school (e.g., Department of Defense Education Activity, Bureau of Indian Affairs, etc.);
- A Head Start Program under the legal jurisdiction of a public school system when the experience was earned; **OR**
- A childcare facility below Kindergarten (Age 5) that was accredited by the National Association for the Education of Young Children (NAEYC) when the experience was earned.

Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as an aide, clerical worker, or substitute teacher will NOT be considered.

For meeting eligibility requirements through the certificate reciprocity approach, professional educational work experience in increments of less than one semester (4.5 months) will not be considered.

PERSONAL DATA

Legal Name as it appears on government-issued identification.

TO BE COMPLETED BY THE APPLICANT

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number		ALSDE ID		Date of Birth (mm-dd-yyyy)	

PURPOSE OF SUBMISSION

TO BE COMPLETED BY THE APPLICANT

- ☐ Meeting eligibility or completion requirements through an alternative certificate approach.
- ☐ Meeting eligibility requirements through the certificate reciprocity approach.
- ☐ Issuance of a _____ certificate.
- ☐ Other _____

EMPLOYMENT VERIFICATION**TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER, OR ASSOCIATION DIRECTOR**

Name of School System, Nonpublic/Private School, College/University, 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	

ATTESTATION OF EMPLOYMENT VERIFICATION**I confirm the information provided on this form pertaining to this individual is accurate and truthful.**A notary seal must be affixed to this form, OR the business card of the authorized official must be attached.

Sworn to and subscribed before me this _____ day of _____

Seal and Signature of Notary Public

My Commission Expires: _____

Signature of:

Superintendent *or* Headmaster
College/University Human Resources/Payroll Officer
Association Director

Typed or Printed Name

Position Held

School System, Nonpublic/Private School, College/University, Association

Address

City/State/ZIP Code

Telephone Number

Date

DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. AT THE APPLICANT'S REQUEST, THE EMPLOYER MAY FORWARD THIS FORM TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.