

Alabama State Department of Education  
Educator Certification Section

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

Telephone: (334) 694-4557  
[www.alsde.edu/EdCert](http://www.alsde.edu/EdCert)



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

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

Nonpublic/Private  
School Code: \_ \_ \_ \_ - \_ \_ \_ \_

## SUPPLEMENT VPD

This supplement is to be completed for verification of clock hours of professional development. Supplement EXP should be completed for verification of both clock hours of professional development and professional educational work experience.

This supplement is to be completed by any of the following entities:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- An Alabama State Department of Education sponsored initiative (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 professional development 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 professional development was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the professional development 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 professional development 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 professional development was earned.

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

- Consistent with the Alabama Standards for Professional Development found at [www.alsde.edu/EdCert](http://www.alsde.edu/EdCert) (click *Certificate Renewal* > *Professional Educator*);
- 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 [www.alsde.edu/EdCert](http://www.alsde.edu/EdCert). **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

### I. PERSONAL DATA: TO BE COMPLETED BY THE 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
( )	( )	( )

  

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

### II. PURPOSE OF SUBMISSION: TO BE COMPLETED BY THE APPLICANT

- ☐ Certificate Renewal
- ☐ Other \_\_\_\_\_

SECTIONS III. AND IV. ON PAGE TWO **ARE TO BE COMPLETED BY** THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY 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 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.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**III. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:**

(Section III. applies to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

<u>Specific</u> Professional Development Activity	Beginning Month/Day/Year	Ending Month/Day/Year	Number of Clock/Contact Hours
		Total Clock/Contact Hours of Professional Development	_____

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

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