



Alabama State Department of Education
Educator Certification Section

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

Telephone: (334) 694-4557

REQUEST FOR STATEMENT OF PROFESSIONAL STANDING

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

To request a STATEMENT OF PROFESSIONAL STANDING:

- ☐ A nonrefundable fee of \$30.00 is required for a statement of professional standing. The fee may be paid by money order or cashier's check made payable to the Alabama State Department of Education. The fee may also be paid through the [ALSDE Educator Certification Online Payment System](#), with a major credit card, (a \$4.00 transaction fee will be applied). Neither personal checks nor cash will be accepted. The cashier's check, money order, or a copy of the receipt verifying the confirmation number for the online payment must accompany this form.

The Statement of Professional Standing will include certificate(s), license(s), or permit(s) held, the valid period(s) and whether any adverse action is being taken or has been taken against your certificate(s), license(s), or permit(s).

ADDRESS TO WHICH THE STATEMENT OF PROFESSIONAL STANDING IS TO BE MAILED:

Name of Agency	To the Attention of:
Address	City, State, Zip Code

NAME IN WHICH CERTIFICATE/LICENSE/PERMIT WAS ISSUED:

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

APPLICANT'S CURRENT MAILING ADDRESS:

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)		
- -	- -		

CERTIFICATE/LICENSE/PERMIT INFORMATION:

Teacher Number (if available)	Validity Period of Certificate/License/Permit (if available)	Name of Certificate Held (if available)
	_____ to June 30, _____ <i>Month/day/year</i>	
Name of Certificate Held (if available)	Name of Certificate Held (if available)	Name of License or Permit Held (if available)

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."

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 certify that all information pertaining to this application form is true and correct.

**FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN ADVERSE ACTION
BEING TAKEN AGAINST YOUR CERTIFICATE/LICENSE/PERMIT.**

Date_____
Signature of Applicant