## **Application for Certificate Renewal (Reinstatement) of Professional Educator Certificates in a TEACHING FIELD**

To reinstate a certificate is to make valid a certificate that is no longer current.

This Reinstatement option can ONLY be used for individuals who hold an expired:

- **Professional Educator Certificate** in a teaching field (listed on page 3).
- **Type II or III** Career and Technical Certificate endorsed in technical education and/or a technical education program area or health science,
- Level 2, 3, 4, or 5 Career and Technical Certificate endorsed in technical education and/or a technical education program area.
- Level 4 or 5 Career and Technical Certificate endorsed in health science,
- Specialty Area 2, 3, 4, or 5 Career and Technical Certificate endorsed in technical education and/or a technical education program area or health science,
- Degree Equivalent 2, 3, 4, or 5 Career and Technical Certificate endorsed in a technical education program area, or
- **Degree Equivalent 2, 3, or 4** Career and Technical Certificate endorsed in health science.



## Alabama State Department of Education

**Educator Certification Section** 

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

Telephone: (334) 694-4557

The Alabama State Board of Education and the Alabama State Department of Education do not discriminate on the basis of race, color, disability, sex, religion, national origin, or age in their programs, activities, or employment and provide equal access to the Boy Scouts and other designated youth groups. The following person is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: <a href="mailto:pss@alsde.edu">pss@alsde.edu</a>

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Name:				SSN:		
TYPE OR USE BLAC	CK INK WHEN COME	PLETING THIS FORM.				
		the applicant. *REQUIRED F	IELDS):			
Title (e.g., Mr.)	*First	*Middle	Maiden	*Last	Suffix	
*	Street/Apt./P.O. Box/Rout	e and Box	*City	*State	*ZIP Code	
*Cell	Telephone	Home Te	lenhone	Work Telep	hone	
- Con	receptione	Trome Te	ерноне	Work Teleph		
*Social Security Number		ALSE	ALSDE ID		*Date of Birth (mm-dd-yyyy)	
*E-m	ail Address					
		FOR STATISTICAL F	PURPOSES ONLY			
Gender (choose one)		Ethnic Origin (choose one)			Race (choose one or more, regardless of	
☐ (F) Female		(01) Hispanic Latino			Ethnicity)	
☐ (M) Male ☐ (02) No		(02) Not Hispanic Latino	□ (02) Not Hispanic Latino		☐ (01) White ☐ (02) Black or African American ☐ (04) American Indian or Alaska Native ☐ (05) Asian ☐ (08) Native Hawaiian or Other Pacific Islander	
SPOUSE OF OR	ACTIVE-DUTY M	IILITARY PERSONNE	L	<b>=</b> (00) That 10 That washing 0.7 C	viioi i uomo istandor	
(Per Alabama Act	No. 2012-533). This	section is to be completed	l for spouses of act	ive-duty military personne	el or active-duty	
	I am married to	equest an expedited review		n application packet. ne United States Armed F	orces who has	
☐ Yes ☐ No		nd stationed in Alabama t			orces who has	
□ Yes □ No	I am an active-d		States Armed Ford	ces who has been relocated	l and stationed	
	in Alabama und	er official military orders.				
	this request to revi on requirements, in		ed basis does not e	xclude me from meeting	ANY Alabama	
Check "yes" or "no" j				nd any additional supporting de	ocumentation (e.g.,	
		READ CAREFULLY (	*REQUIRED FIELDS	s)		
□ Yes □ N				primand, suspension, rev		
	_	der) taken against a profes na State Department of		cense or permit issued by	an agency <u>other</u>	
☐ Yes ☐ N	•	* 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 <u>other than the Alabama State Department of Education</u> ?				
☐ Yes ☐ N	o * Are you current child?	Are you currently the subject of an investigation involving sexual misconduct or physical harm to a shild?				
☐ Yes ☐ N	o * Have you ever	resigned from a position	rather than face dis	sciplinary action?		
□ Yes □ N	o * Have you even than a minor traf		tered a plea of no	contest to a felony or mis	demeanor other	
□ Yes □ N						

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Name:			
vame.			

SSN:			
DOIN:	-	-	•

## This reinstatement option is only available for the following teaching fields. Please select all the teaching fields which apply to your reinstatement.

Agriscience Education	Korean
Algebra I	Latin
Anthropology	Mathematics
Arabic	Mental Retardation
Biology	Mild Learning Disabilities
Business/Marketing Education	Mild Learning/Behavior Disabilities
Career Technologies	Multiple Disabilities
Chemistry	Orthopedic and Other Health Impairment
Chinese	Physical Education
Choral Music	Physical Science
Collaborative Special Education	Physics
Teacher	
Computer Science	Political Science
Dance	Pre-Kindergarten
Driver and Traffic Safety	Psychology
Education	
Early Childhood Education	Reading
Early Childhood Special	Russian
Education	
Earth and Space Science	Severe Multiple Disabilities
Economics	Sociology
Elementary Education	Spanish
Emotional Disturbance	Special Education Pre-Kindergarten Birth-Age 5
English for Speakers of Other	Specific Learning Disability
Languages	
English Language Arts	Speech
Family and Consumer Sciences	Speech or Language Impairment (issued on a
Education	Professional Educator Certificate)
French	Teacher Leader
General Music	Technical Education (in any program area)
General Science	Theatre
General Social Science	Visual Arts
Generalist	Visual Impairment
Geography	Work Based Learning Coordinator
Geometry	
German	
Gifted	
Greek	
Health Education	
Health Science	
Hearing Impairment	
History	
Instrumental Music	
Italian	
Japanese	
Journalism	

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Name:	SSN:
<b>-</b>	
	APPLICATION REQUIREMENTS and CHECKLIST
	plication packet for reinstatement of an Alabama Professional Educator Certificate in a teaching must include the listed below:
	Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.
	Form RTF.
	A \$30.00 nonrefundable application fee. Neither personal checks nor cash will be accepted.
or to	e fee must be paid by cashier's check <u>or</u> money order made payable to the Alabama State Department of Education through the Alabama State Department of Education Educator Certification Online Payment System, with a major dit card, at <u>www.alabamainteractive.org/education</u> (a \$4.00 transaction fee will be applied). e cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must company the application packet.
	A <b>NEW</b> Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) criminal history background check through the ALSDE must be conducted and on file in the Educator Certification Section no earlier than <b>30 days prior to the receipt</b> of this application.
	structions regarding the fingerprint process are available through Gemalto Cogent at <a href="mailto:ps://www.aps.gemalto.com/al/index_adeNew.htm">ps://www.aps.gemalto.com/al/index_adeNew.htm</a> or by calling (866) 989-9316.
	For <b>Computer Science</b> : A currently valid passing score(s)/license(s) on an available ALSDE approved <b>ENTRY LEVEL</b> or <b>MASTER LEVEL</b> occupational proficiency assessment.
	The current occupational proficiency requirements may be obtained at <a href="www.alabamaachieves.org">www.alabamaachieves.org</a> (click Teachers & Administrators Teacher Center Teacher Certification CAREER/TECHNICAL CERTIFICATES – TECHNICAL EDUCATION). The score(s) must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
	For <b>Cosmetology</b> : A photocopy of the applicant's <b>currently valid</b> Alabama Cosmetology Instructor license. The <b>currently active</b> license must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
	For <b>Health Science</b> : A photocopy of the applicant's <b>currently active</b> Alabama license in a registered nursing, paramedical, or approved allied health specialty. The <b>currently active</b> license must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
	APPLICATION SUBMISSION and ATTESTATIONS
	erstand that APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX -MAIL.
a prof certifi	erstand this option to reinstate without meeting any academic requirements can only be used this one time. As essional educator certified by the Alabama State Department of Education, it is my responsibility to prevent renewable cate(s) from expiring by meeting all continuation requirements during the valid period of the certificate and atting my application to the Educator Certification Section by the deadline.
I unde	erstand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.
	fixing my signature to this document, I am certifying all information pertaining to this application form is true and et and failure to submit accurate information may result in revocation or non-issuance of my certificate.
Date _	Signature of Applicant
I have	Form RTF, including any supporting documentation
A E 52	Decumentation must be mailed to the following address:  labama State Department of Education  ducator Certification Section  215 Gordon Persons Building  ost Office Box 302101

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Montgomery, AL 36130-2101