



This section must be completed by the employing Alabama school system or nonpublic/private school.
 School System Code: _____
 Nonpublic/Private School Code: _____

Application for the Emergency Certificate—First Issuance
FORM EC

This application is to be completed for individuals seeking an Emergency Certificate and **submitted by the employing Alabama county/city superintendent or administrator of an eligible nonpublic/private school** directly to the Educator Certification Section of the Alabama State Department of Education (ALSDE).

PERSONAL DATA					
<i>Legal Name as it appears on government issued identification.</i>					
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Cell Telephone		Home Telephone		Work Telephone	
Social Security Number	ALSDE ID		Date of Birth (mm-dd-yyyy)		
Email Address					

FOR STATISTICAL PURPOSES ONLY		
Ethnic Origin (Choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	Gender (Choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	Race (Choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander

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?

SPOUSE OF OR ACTIVE-DUTY MILITARY PERSONNEL

(Per Alabama Act No. 2012-533). This section is to be completed for spouses of active-duty military personnel or active-duty 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

OR

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

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.

GENERAL INFORMATION

The Emergency Certificate–First Issuance:

1. May be issued in no more than **two** teaching fields and/or areas of instructional support. If only **one** area of certification is chosen on the initial application, during the valid period of the certificate, an additional area may be requested in writing by the employing LEA.
2. Is valid from July 1 to June 30 for **two consecutive** scholastic years.
3. Will **not** be issued for any special education teaching field including gifted, computer science, driver and traffic safety education, school psychology, school psychometry, or speech-language pathology.
4. Will **not** be issued for an individual who has held the Career and Technical Temporary Certificate for four years.
5. Will **not** be issued to an individual who holds a valid Alabama certificate.
6. Is **not** an alternative certificate.
7. **Cannot** be renewed or reissued. An Emergency Certificate-Second Issuance, valid for two consecutive scholastic years, may be requested.

RECOMMENDATION

To be completed by the employing county/city superintendent or nonpublic/private school administrator.

I recommend this applicant for the Emergency Certificate–First Issuance in the area(s) of (select no more than **two** areas below):

<input type="checkbox"/> Agriscience Education	<input type="checkbox"/> English for Speakers of Other Languages	<input type="checkbox"/> Korean
<input type="checkbox"/> Arabic	<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Latin
<input type="checkbox"/> Business/Marketing Education	<input type="checkbox"/> Family and Consumer Sciences	<input type="checkbox"/> Library Media
<input type="checkbox"/> Career Technologies	<input type="checkbox"/> French	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Chinese	<input type="checkbox"/> General Science	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Choral Music	<input type="checkbox"/> General Social Science	<input type="checkbox"/> Reading
<input type="checkbox"/> Dance	<input type="checkbox"/> German	<input type="checkbox"/> Russian
<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Health Education	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Educational Administrator	<input type="checkbox"/> Instrumental Music	<input type="checkbox"/> Spanish
<input type="checkbox"/> Elementary Education	<input type="checkbox"/> Italian	<input type="checkbox"/> Theatre
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Visual Arts

AUTHORIZATION and RESPONSIBILITIES

- I certify this request is being made because a certified teacher is not available for employment.
- I have checked the **current** Alabama State Department of Education (ALSDE) Departmental Portal to ensure the applicant is properly certified for each period/block of the day. I understand the applicant's assignments must be in the area for which the Emergency Certificate-First Issuance I am requesting is proper certification.
- If the individual is skipping a year while on the Provisional Certificate or Interim Employment Certificate Approach, I understand the Certificate will be issued from July 1 to June 30 for **one** scholastic year. The option for one scholastic year will **only** be issued in these cases.
- It is strongly encouraged while the Emergency Certificate–First Issuance is held, the LEA/eligible nonpublic/private school works with the individual to begin a path that leads to professional certification.
- I understand failure to assign the applicant properly will result in an out-of-field penalty assessment for the employing public school system.
- **I understand under Ala. Code §16-23-3(e) (1975), "time served as a teacher pursuant to an emergency certificate shall not be counted in determining continuing service status pursuant to Section 16-24-2."**
- **Applicant Initials** _____ indicating they understand issuance of the Emergency Certificate–First Issuance does not guarantee employment during both years of the certificate's validity, **and** they have received a photocopy of this form.

Signature of Superintendent/Nonpublic/Private School Administrator

School System/Eligible Nonpublic/Private School

Typed or Printed Name

Mailing Address

Telephone Number

Date

City

State

ZIP Code

APPLICATION PACKET CHECKLIST

<input type="checkbox"/>	<u>Submission of Supplement CIT with supporting documentation</u> verifying United States citizenship or lawful presence in the United States.
<input type="checkbox"/>	<u>Submission of Form EC.</u>
<input type="checkbox"/>	A \$30.00 nonrefundable application fee. Each additional certificate for which an applicant is determined to be eligible will require a \$30.00 non-refundable fee for issuance. Neither personal checks nor cash will be accepted.
	<ul style="list-style-type: none"> The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet.
<input type="checkbox"/>	<u>Background clearance based on a fingerprint review.</u>
	<ul style="list-style-type: none"> Applicants who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Applicants may verify whether criminal history background checks have been completed and whether they are suitable and fit to teach under state law at https://tcert.alsde.edu/Portal. Instructions regarding the fingerprint process are available through Gemalto Cogent at https://www.aps.gemalto.com/al/index_adeNew.htm or by calling (866) 989-9316.
<input type="checkbox"/>	<u>Submission of official transcripts of all degrees and credits earned.</u> All degrees and credits must be verified on an official transcript(s) and must be submitted to the Educator Certification Section. At least a bachelor's degree earned from a senior institution that was regionally accredited or accredited by the Distance Education Accreditation Commission (DEAC) at the time the degree was conferred must be submitted. The applicant's current legal name and Social Security or ALSDE ID number must accompany the transcript(s).
Official transcripts may be submitted securely to the Educator Certification Section using one of the following options:	
Option 1:	
<input type="checkbox"/> Mailed to the Educator Certification Section in a sealed envelope from the institution(s). <div style="text-align: center;">Alabama State Department of Education <i>Educator Certification Section</i> 5215 Gordon Persons Building Post Office Box 302101 Montgomery, AL 36130-2101</div>	
Option 2:	
<input type="checkbox"/> Submitted securely to the Educator Certification Section through electronic transmission by National Student Clearinghouse.	
Option 3:	
<input type="checkbox"/> Submitted securely to the Educator Certification Section through electronic transmission from the institution as an electronic PDF, to certtranscripts@alsde.edu . <ul style="list-style-type: none"> Transcripts submitted from an individual or a personal/business email account will not be accepted. 	

APPLICATION SUBMISSION and ATTESTATIONS

I understand the Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file. The submission of supporting documents ONLY (e.g., official transcript) does not constitute making an application for certification. Incomplete forms will delay the review of the file.

I understand I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section. Since certification requirements are subject to change, current requirements may be viewed at www.alabamaachieves.org (click *Teachers & Administrators* ☞ *Teacher Center* ☞ *Teacher Certification* ☞ *Other Approaches* ☞ *Emergency*).

I understand I must **thoroughly read** all requirements of this approach (Form EC 06/2022).

If necessary, I give my permission to the Alabama public school system, Alabama nonpublic school, or Alabama college/university to forward any credential(s) required to support this certification request.

I understand it is my responsibility to keep all personal data on file in the Educator Certification Section current.

I understand it is my responsibility to maintain my certificate and to stay informed of current regulations for the issuance of the Emergency - Second Issuance or to begin an approach that leads to the professional certification.

I certify all information pertaining to this application form is true and correct and failure to submit accurate information may result in revocation or non-issuance of my certificate.

By affixing my signature to this document, I am certifying that true and correct information is being provided.

Date_____
Signature