

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.alabamaachieves.org

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

Professional Certificate following the Provisional Certificate in Library Media or School Counseling Approach FORM PFL

A complete application packet must be received in the Educator Certification Section by October 1 or postmarked no later than October 1 of the scholastic year for which the PCTF expires. The application process must be completed in conjunction with an employing Alabama county/city superintendent or administrator of an eligible nonpublic/private school.

All requirements for issuance of the Professional Educator Certificate must be met prior to the date this application is received in the Educator Certification Section. The Professional Educator Certificate will be issued in the same instructional support area for which the PCLS(s) were issued.

| PERSONAL DATA Legal Name as it appears on government-issued identification. | | | | | | | | |
|--|--|--|--|---|---|-------------------------|--|--|
| Title (e.g., Mr.) | | | Middle | Maiden | Last | Suffix | | |
| | | | | | | | | |
| I | Street/A | pt./P.O. Box/Route and | Box | City | State | ZIP Code | | |
| | | | | ¥ | | | | |
| | Email Add | ress | Cell | Number | Work Telephon | e | | |
| | | | | | ······································ | - | | |
| | | | | | | | | |
| Social Secu | rity Number | r | ALSDE ID | Dat | e of Birth (mm-dd-yyyy) | | | |
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| | | | | | | | | |
| Ethnic Origin (C) | hoose one) | Gender (Choo | FOR STATISTICAL PURPOSES ONLY Gender (Choose one) Race (Choose one or more, regardless of Ethnicity) | | | | | |
| \Box (01) Hispanic Latino | | \Box (F) Female | se one) | $\Box (01) \text{ White}$ | | | | |
| \square (02) Not Hispan | | \square (M) Male | | \Box (02) Black or African American | | | | |
| | | | | \Box (04) American Indian of A \Box (05) Asian | □ (04) American Indian or Alaska Native □ (05) Asian | | | |
| | | | | (08) Native Hawaiian or 0 | | | | |
| Check "ves" | r "no" fo | | | MINAL HISTORY INI | FORMATION Manation and any addition | al supporting | | |
| | | | | | nanalion and any addition | u supporting | | |
| documentation (e.g. court certified copies of judgment, conviction, and sentencing). READ CAREFULLY | | | | | | | | |
| □ Ye | s 🗆 No | Have you ever h | ad any adverse actio | on (e.g. warning, reprir | nand, suspension, revoca | ation, denial, | | |
| | voluntary surrender) taken against a professional certificate, license or permit issued by an agency | | | | | | | |
| | | | | rtment of Education? | | | | |
| □ Ye | □ Yes □ No Are you currently the subject of an investigation involving a violation of a profession's laws, rules | | | | | | | |
| | | | de of Ethics by an | agency other than t | <u>he Alabama State De</u> | <u>partment of</u> | | |
| | | Education? | . the subject of our in- | | | | | |
| | s 🗆 No | Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child? | | | | | | |
| □ Ye | s 🗆 No | Have you ever resigned from a position rather than face disciplinary action? | | | | | | |
| | | Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other | | | | | | |
| | | than a minor traf | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| □ Ye | □ Yes □ No Are you the subject of a pending investigation involving a criminal act? | | | | | | | |
| RECORD OF EDUCATION | | | | | | | | |
| | | | | | Dates Attended | | | |
| Degree and Major | | Name of Co | llege/University | Location | Beginning Marsth (Marson | Ending | | |
| | | | | | Month/Year | Month/Year | | |
| | | | | | | | | |
| | | | | | | | | |
| The Alabama State Bo | ard of Education | on and the Alabama State D | epartment of Education do not d | liscriminate on the basis of race, co | olor, disability, sex, religion, national of | 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 nondiscrimination policies: Title IX Coordinator, *Support Services*, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: supportservices@alsde.edu. _____

| APPLICATION PACKET CHECKLIST FOR PROFESSIONAL EDUCATOR CERTIFICATE | | | | | |
|--|--|--|--|--|--|
| Completion of this approach leads to a Class A (master's degree level) or Class AA (sixth-year degree level) Professional Educator Certificate based on the degree level of the PCLSs held. | | | | | |
| | Application Forms | | | | |
| | <u>nission of</u> Supplement CIT Form <u>with supporting documentation</u> verifying United States citizenship or lawful nce in the United States. | | | | |
| Subm | <u>ission of</u> this application Form PFL. | | | | |
| | Nonrefundable Application Fee | | | | |
| □ A \$38 | 8.00 <i>nonrefundable</i> application fee. Neither personal checks nor cash will be accepted. | | | | |
| (ALSDE) | nust be paid by cashier's check <u>or</u> money order made payable to the Alabama State Department of Education or through the <u>ALSDE Educator Certification Online Payment System</u> , with a major credit card, etion 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. | | | | | |
| | Background Clearance | | | | |
| | ground clearance based on a fingerprint review. | | | | |
| • | For applicants seeking initial certification , additional certification , or certificate renewal to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at <u>https://tcert.alsde.edu/Portal</u> . | | | | |
| • | For Applicants who have not been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at https://www.alabamaachieves.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or https://www.alabamaachieves.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu. | | | | |
| | https://www.alabamaachieves.org/teacher-center/teacher-certification/. If your results are not located, or you have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry | | | | |
| | Experience Verification | | | | |
| | <u>hission of</u> Supplement EXP (to be completed and submitted by the employing school m/nonpublic/private school at the request of the applicant) | | | | |
| Supplement i the applicant full-time ass PCLS was pr course that w certification • The • The | m/nonpublic/private school at the request of the applicant) EXP, submitted by the school system/nonpublic/private school where the applicant was employed, verifying t's full year of full-time professional educational work experience while holding the second PCLS, with the signment having been in the specific area of instructional support and at the grade level for which the second roper certification. (The applicant may have been assigned for no more than one period/block of the day to a was not in the specific area of instructional support of the second PCLS only if the second PCLS was proper for the course.) e experience requirement must be met prior to application submission. e applicant must request the school system where he/she was employed to complete and submit to the Educator tification Section a Supplement EXP verifying appropriate experience. | | | | |
| | | | | | |

| Name: | SSN: | | | | | |
|--|---|--|--|--|--|--|
| 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. | | | | | | |
| I understand the submission of supporting documents ONLY (e.g., Supplement EXP) does not constitute making an pplication 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 obtained at <u>www.alabamaachieves.org</u> (click Teachers & Administrators \bigcirc Teacher Center \bigcirc Teacher Certification \bigcirc ALTERNATIVE CERTIFICATES – Provisional Certificate in Library Media and School Counseling). | | | | | | |
| ~I understand that APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL. | | | | | | |
| ~I understand that I must thoroughly read all requirements of this approach (Form PFL). | | | | | | |
| ~I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current. | | | | | | |
| ~I understand that by affixing my signature to this document, I am certifying that true and correct information is being provided. | | | | | | |
| Date Signature of Applicant | | | | | | |
| I have completed the following documents, and I am mailing them to the address specified in this application: Supplement CIT, including supporting documentation Form PFL Money order, cashier's check, or receipt verifying online payment of \$38.00 application fee Required supporting documentation | All documents must be mailed to the following address: Alabama State Department of Education Educator Certification Section 5215 Gordon Persons Building Post Office Box 302101 Montgomery, AL 36130-2101 | | | | | |