



SUPPLEMENT EXP

Paper Clip Only. Do NOT Staple.

GENERAL INFORMATION

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

This supplement is to be completed to verify professional educational work experience.

Professional educational work experience is full-time educational employment in:

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

Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as an aide, clerical worker, or substitute teacher will NOT be considered.

For meeting eligibility requirements through the certificate reciprocity approach, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered.

PERSONAL DATA

Legal Name as it appears on government-issued identification.

TO BE COMPLETED BY THE APPLICANT

| | | | | | |
|------------------------------------|----------|-------------|----------------------------|----------------|----------|
| Title (e.g., Mr.) | First | Middle | Maiden | Last | Suffix |
| | | | | | |
| Street/Apt./P.O. Box/Route and Box | | | City | State | ZIP Code |
| | | | | | |
| Email Address | | Cell Number | | Work Telephone | |
| | | | | | |
| Social Security Number | ALSDE ID | | Date of Birth (mm-dd-yyyy) | | |
| | | | | | |

PURPOSE OF SUBMISSION

TO BE COMPLETED BY THE APPLICANT

- Meeting eligibility or completion requirements through an alternative certificate approach.
- Meeting eligibility requirements through the certificate reciprocity approach.
- Issuance of a _____ certificate.
- Other _____

Name: _____

Social Security Number: _____ - _____ - _____

EMPLOYMENT VERIFICATION

TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER, OR ASSOCIATION DIRECTOR

Name of School System, Nonpublic/Private School, College/University, or Association

| From: Month/Day/Year | To: Month/Day/Year | Specific Grade(s) Taught | Specific Subject Area(s) | Position(s) Held | Full-Time / Part Time | If Part-Time, List Hours per Week |
|-------------------------|-----------------------|-----------------------------|--------------------------|------------------|--|---|
| | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |

ATTESTATION OF EMPLOYMENT VERIFICATION

I confirm the information provided on this form pertaining to this individual is accurate and truthful.

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

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.