Alabama State Department of Education Educator Certification Section

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

Telephone: (334) 694-4557



This	section	must	be	completed	by	the
emple	oving Ala	abama	pub	lic school sy	sten	n.

School	System	Code:	

## SUPPLEMENT CTV

Health Science	
Technical Education Program Area of	
	(Select from chart below)
	ducation Program Areas
☐ Technical Education: Additive Manufacturing	des 6-12  □ Technical Education: Graphic Arts
☐ Technical Education: Additive Maintracturing ☐ Technical Education: Advertising Design	☐ Technical Education: Graphic Arts ☐ Technical Education: Heating, Ventilation, Air Conditioning, and
☐ Technical Education: Animation	Refrigeration (HVACR)
☐ Technical Education: Automotive Service	☐ Technical Education: Heavy Equipment Operations
☐ Technical Education: Aviation Technology	☐ Technical Education: Industrial Maintenance – Electrical and
☐ Technical Education: Building Construction	Instrumentation
☐ Technical Education: Cabinetmaking	☐ Technical Education: Industrial Maintenance – Mechanical
☐ Technical Education: Carpentry	☐ Technical Education: Informatics
☐ Technical Education: Clean Energy	☐ Technical Education: Information Technology Support and Services
☐ Technical Education: Collision Repair	(Previously named Technical Education: Network Systems and Computer Services)
☐ Technical Education: Commercial Photography	☐ Technical Education: Innovations in Science and Technology
☐ Technical Education: Computer Electronics	☐ Technical Education: Integrated Production Technologies
☐ Technical Education: Computer Science	☐ Technical Education: Law Enforcement
(Previously named Technical Education: Programming and Software Development)	☐ Technical Education: Legal Services
☐ Technical Education: Computer Science – PLTW	☐ Technical Education: Marine Technology
☐ Technical Education: Correctional Service*	☐ Technical Education: Masonry
<ul> <li>□ Technical Education: Cosmetology</li> <li>□ Technical Education: Culinary Arts</li> </ul>	☐ Technical Education: Modern Manufacturing (Previously named Technical Education: Manufacturing)
☐ Technical Education: Culmary Arts ☐ Technical Education: Cybersecurity and Infrastructure	☐ Technical Education: Plumbing
(Previously named Technical Education: Network Systems and Computer Services)	☐ Technical Education: Power Equipment*
☐ Technical Education: Diesel Technology	☐ Technical Education: Precision Machining*
☐ Technical Education: Drafting Design Technology	☐ Technical Education: Robotics & Automated Manufacturing*
☐ Technical Education: Electrical Technology	☐ Technical Education: Television Production*
☐ Technical Education: Electronics Technology	☐ Technical Education: Utility Line Worker
☐ Technical Education: Emergency and Fire Management Services	☐ Technical Education: Welding*
☐ Technical Education: Engineering	☐ Technical Education: Working in Multicultural Environments:
☐ Technical Education: Global Logistics & Supply Chain Management	□ Korean*
Work experience as an employee in a compensated position must be applicant's prior work experience. See page 2 for additional information	verified with this Supplement CTV and a notarized cover letter verifying t .
stationery; (2) notarized letters from three individuals and/or compa business/company; and (3) a photocopy of <i>each year's</i> state, county, and	e following: (1) a notarized cover letter on the applicant's business/companies with which business or work transactions occurred with the applicant lor city business license(s). See page 2 for additional information.

Full Name of Previous Employee/Self Employed Individual						
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)	
Social Security N	fumber of the Employee/Self-Employ	yed Individual				
Business Company Name		Busi	ness Telephone	Business Email Address		
		(	)			
Business Company Address						
Street/P.O. Box/Route and Box		Box	City State		ZIP Code	

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		Documentat	ion of Work Experience			
	ndicate in the Pa	rt-time column the	e total number of clock hours w	vorked during each employment period (e.g		
5,400 hours).	1		T	,		
Dates of Employment	Full-time	Part-time* (clock hours)	Job Title	Specific Job Duties		
Start	□ Yes					
	□ No					
End						
Dates of Employment	Full-time	Part-time* (clock hours)	Job Title	Specific Job Duties		
Start	□ Yes	(ctock nours)				
	□ No					
End						
Dates of Employment	Full-time	Part-time*	Job Title	Specific Job Duties		
	_	(clock hours)	Job Huc	Specific 300 Daties		
Start	☐ Yes ☐ No					
End	L 110					
☐ For verification of world	k experience as a	n emplovee, a notai	rized cover letter on the employe	er's business/company stationery is attached.		
The letter must include	e at least a descri	ption of the nature	of the business/company, a brie	ef description of the scope and quality of the		
□ For verification of self		_	employer or owner of the business	ss company.		
	• •	_		ust include at least a description of the nature		
of the business/co	ompany, a brief de	escription of the sco	ope of the applicant's work histor	ry, and the original signature of the applicant.		
Notarized letters from three individuals and/or companies with which business or work transactions occurred with the applicant's business/company during the required time period; and						
A photocopy of <i>each year's</i> state, county, and/or city business license(s) held for the dates of self-employment during the required						
time period.						
This form and the original documents must be sent directly to the employing superintendent. Additional sheets may be attached if needed. Original documents must be submitted by the employing superintendent to the Educator Certification Section.						
Original documents must be submitted by the employing super intendent to the Educator Certification Section.						
			Sworn to and subscribed before	e me this day of		
Signature of Employer or B	usiness/Company	Owner				
				,		
Typed or Printed Name and Position			Seal and Signature of Notary Public			
Name of Business My Commission Expires:						
name of Dusiness			Expires:			

Name:

A notary seal must be affixed to this form  $\underline{\it OR}$  the business card of employer or business/company owner must be attached.

SSN:

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