

ALABAMA STATE DEPARTMENT OF EDUCATION EDUCATOR CERTIFICATION SECTION **5215 GORDON PERSONS BUILDING** POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101 Telephone: (334) 694-4557

SUPPLEMENT ADI

This form is used to provide official verification of successful completion of an International Multisensory Structured Language Education Council endorsed training course.

PERSONAL DATA (To be completed by the applicant. Type or print legibly, using black ink, when completing this form):							
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix		
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code		
Cell Telephone		Hom	e Telephone	Work Telephone			
()		()		()			
Social Security Number Date of I		of Birth (mm-dd-yyyy)		E-mail Address			

NAME OF COURSE PROVIDER	COURSE TITLE

I hereby permit the release of information concerning my course completion to the Alabama State Superintendent of Education.

	Date	Signature of Applicant				
	VERIFICATION DATA (To be completed by the course provider):					
	The individual listed above successfully completed an International Multisensory Structured Language Education Council (IMSLEC) endorsed training course with this agency.					
	☐ Verification that the course was endorsed by the IMSLEC is included with this form.					
Course Title						
Date of Course Completion						
	The individual listed above did not successfully complete an International Multisensory Structured Language Education Council endorsed training course with this agency.					

Signature of Authorized Official

Typed or Printed Name

Name of Agency

Mailing Address/City/State/ZIP Code

Title

Email Address

Telephone

Date

THE COMPLETED SUPPLEMENT ADI IS TO BE FORWARDED BY THE PROVIDER TO THE APPLICANT IN A SEALED ENVELOPE AND SHOULD NOT BE OPENED PRIOR TO SUBMISSION TO THE EDUCATOR CERTIFICATION SECTION. FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL. Supplement ADI 6/2020