

**RENEWAL APPLICATION FOR CHILD NUTRITION PROGRAM DIRECTOR
PROFESSIONAL CERTIFICATION**

Alabama State Department of Education
Child Nutrition Programs
5301 Gordon Persons Building
P.O. Box 302101
Montgomery, AL 36130-2101
Telephone: (334) 694-4656

**APPLICANTS MUST MEET
REQUIREMENTS IN EFFECT
AT THE TIME THE
APPLICATION IS SUBMITTED**

Carefully complete all items on this form. Forward the completed form to the Child Nutrition Programs, State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101. This application must be accompanied by a **\$38 money order or cashier's check**, payable to the Alabama State Department of Education. **No personal checks can be accepted.**

Date _____, 20____

Applicant: First _____ Middle _____ Maiden _____ Last Name _____

Mailing Address: Street Apt./P.O. Box/Route and Box _____ City _____ State _____ Zip Code +4 _____

Home Phone _____ Work Phone _____

Social Security Number

Purpose of Submission:

() Renewal
() Other

Date of Birth (Month/Day/Year)

III. PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION

Please 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?

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR LICENSE.

I understand that I must meet all Alabama certification requirements in effect on the submission date of this application prior to the issuance of my certificate(s). I certify that all information pertaining to this application is true and correct.

Date

SIGNATURE OF APPLICANT

NAME

III. Verification of applicant's experience (To be completed by employer):

Employed:) Full Time) Part-time Was this experience satisfactory?) Yes) No

Name of School System, Nonpublic School, Institution, or Appropriate Agency

From: Month/Year	To: Month/Year	Position Held	Part-Time Only: Hours/Day

IV. Verification of Continuing Education Units (CEUs) earned through ALABAMA school systems:

CEUs earned and applied toward renewal shall be related to Child Nutrition education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals and evaluation of the activity. A minimum of twelve (12) clock hours of approved professional development per school year (for 5 years) is required for certificate renewal. The Alabama State Department of Education, Child Nutrition Programs office, will make the final decision on the approval of professional development activities. Child Nutrition ProQram formal workshops count toward the requirement.

Professional Development Activity	Date	Number of Clock Hours*

*10 clock hours= 1 CEU

Total Clock Hours: _____

NAME

SOCIAL SECURITY NUMBER

V. This is to certify that all information on this supplement pertaining to the above individual is true and correct:

Signature of Superintendent

Sworn to and subscribed before me this _____
day of _____, 20____

Typed or Printed Name and Position

SEAL and Signature of Notary Public

My Commission expires: _____

School System

**This record of continuing education () does () does not meet
Certification renewal requirements.**

Address

City/State/Zip Code

Angelice S. Lowe, Director
ALSDE, Child Nutrition Programs

Date

Date

A NOTARY SEAL MUST BE AFFIXED TO THIS FORM.



SUPPLEMENT CIT
DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF
APPLICANT FOR EDUCATOR CERTIFICATION

Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Applicant:

Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Social Security Number: _____ **Date of Birth:** _____
MM DD YYYY

Phone Number: _____ **E-mail:** _____

This section is to be completed in compliance with *Ala. Code* § 31-13-7 {29} which provides that United States Citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by this Office. Acceptable forms of documentation for proving citizenship or lawful status can be found on Charts A & B.

Choose one as appropriate:

1. I hereby declare that I am a citizen of the United States. **{check one}** Yes No

I am providing proof of citizenship by submitting a photocopy of Item _____ as listed on **Chart A**.

OR

2. I hereby declare that I am an alien lawfully present in the United States. **{check one}** Yes No

I am providing proof of lawful presence by submitting a photocopy of Item _____ as listed on **Chart B**.

Choose one as appropriate:

- ☐ I am a student at an Alabama college or university _____, **AND/OR**
Name of Alabama College/University
- ☐ I am an applicant for Alabama certification.

Alabama certification **will not** be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code* § 31-13-1(H).

Applicant's Signature

Date

Name. _____

Social Security Number: _____

Proof of United States Citizenship Documentation List*Code of Alabama 1975, Section 31-13-29(g)***Chart A**

United States citizenship may be demonstrated by submitting a legible photocopy of one of the following documents.

Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	Acceptable Documentation List
	A	A driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of the birthday abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official U.S. Military record of service showing the applicant's place of birth in the U.S.
	M	An extract from a U.S. hospital record of birth created at the time of the person's birth indicating the place of birth in the U.S.
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

Proof of Lawful Presence in the United States Documentation List*Code of Alabama 1975, Section 31-13-3(10)***Chart B**

Lawful presence may be demonstrated by submitting a legible photocopy of one of the following documents.

Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	Acceptable Documentation List
	A	A valid, unexpired Alabama driver's license
	B	A valid, unexpired Alabama non-driver's identification card
	C	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
		Any valid United States Federal or State government issued identification document bearing a photograph or other biometric identifier, including a valid uniformed services privileges card if issued by an entity that requires proof of lawful presence in the U.S. before issuance
	E	A foreign passport with an unexpired U.S. Visa and a corresponding stamp or notation by the U.S. Department of Homeland Security indicating the bearer's admission to the U.S.
	F	A foreign passport issued with a Visa waiver country with a corresponding entry stamp and unexpired duration of stay and notation or a 1-94 W form by the U.S. Department of Homeland Security indicating the bearer's admission to the U.S.
	G	A consular report of birth abroad of a citizen of the United States of America

PROFESSIONAL CERTIFICATION CHILD NUTRITION DIRECTOR

APPLICATION CHECKLIST

- _____ 1. Renewal Application Form - all areas must be completed or if "not applicable" indicated by the letters N/A.
- _____ 2. A \$38.00 money order or cashier's check made payable to the Alabama State Department of Education. ***NO PERSONAL CHECKS ARE ACCEPTED**
- _____ 3. Supplement CIT Declaration of Citizenship or National Status of Applicant for Educator Certification

Signature

Date

All information should be mailed to:

**Mrs. Angelice S. Lowe, Director of
Child Nutrition Programs
State Department of Education
5301 Gordon Persons Building
P.O. Box 302101
Montgomery, AL 36130-2101**

THIS FORM MUST BE MAILED WITH YOUR APPLICATION FORM

SCHOOL EMPLOYEES WHO MUST HOLD A CERTIFICATE

Individuals employed in all school districts as a Child Nutrition Program Director shall hold a certificate issued by the State Superintendent of Education. (Alabama Administrative Code 1994, S290-080-030-.05.)

CERTIFICATE INFORMATION

IMMEDIATELY, review your certificate for (1) correct social security number, (2) correct spelling of your name, and (3) correct certificate information pertaining to type of certificate. If errors are found, please return all copies of the certificate document to the Child Nutrition Programs Section at the above address correction.

Please note that your official certification records are filed under your name and social security number. Use this information when communicating with the Child Nutrition Programs Section. We can be of better service if you provide: (1) your name as it appears on your certificate, (2) your social security number, (3) your complete address, (4) your telephone number, and (5) your name changes as they occur.

CERTIFICATE RENEWAL REQUIREMENTS

An effective date and an expiration date are shown on the certificate form. Note the validity dates on your certificate. It is the responsibility of the certificate holder to make certain that the renewal requirements are completed before the deadline for certificate renewal. Renewal requirements may be obtained from the Child Nutrition Programs Section at the above address.

CERTIFICATE REVOCATION AND SUSPENSION

Alabama Administrative Code Rules 290-030-020-.03(8) (a)-(b) states:

- (a) The State Superintendent of Education shall have the authority to revoke any certificate held by a person who has been proved guilty of immoral conduct or unbecoming or indecent behavior in Alabama or any other state or nation in accordance with Alabama Code S 16-23-5 (1975),
- (b) The State Superintendent of Education also has the authority to refuse to issue, to suspend or to recall a certificate for just cause. An application from a candidate whose certificate has been suspended or revoked by another state may be considered.