

REQUEST FOR COMPLETION OF AN OUT OF STATE FORM
TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Email this completed form along with the out of state form to be completed to edcertexternalforms@alsde.edu. **PHOTOS of application forms are NOT ACCEPTED.**

To request COMPLETION OF AN OUT OF STATE FORM:

- A nonrefundable fee of \$38.00 is required for Educator Certification to complete the form. A major credit card is required for online payments. A transaction fee will be applied. All application fees are non-refundable. Payment receipt must be emailed with documents.
 - To make an online payment, you must have an AIM account. Users without an AIM account must first CREATE one before completing an online payment. To create your AIM account, please visit [AIM Portal](#).
 - To log in or to your AIM account, please visit [AIM Portal](#).
 - Once you have established an AIM account, follow the steps below.
 - Click on the tile labeled ACE, which will take you to your ACE dashboard.
 - Once on your ACE dashboard, click on the dollar sign (\$) in the top right corner to make a payment.

If you cannot create or log into your AIM Account, contact the ALSDE Help Desk during normal business hours by emailing helpdesk@alsde.edu or calling 334-694-4777.

- The out of state form to be completed must be submitted with this document.** Please be certain that the Educator Certification Section, not the college/university in which you completed a State-approved Educator Preparation Program, is to complete the form as all fees are nonrefundable.

Complete the section below to indicate how the out of state form is to be sent by mail or email (check one):

Name of Agency	To the Attention of:
Address	City, State, Zip Code
Email Address	

NAME IN WHICH CERTIFICATE/LICENSE/PERMIT WAS ISSUED:

Title (e.g., Mr.)	First	Middle or Maiden	Last	Suffix (e.g., Jr.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cell Telephone	Work Telephone	E-mail Address		
()	()	<input style="width: 100%;" type="text"/>		
ALSDE ID	Date of Birth (mm-dd-yyyy)			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			

CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)

- Yes No I declare that I am a citizen of the United States; **OR**
 Yes No I declare that I am an alien lawfully present in the United States.

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 understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

**I certify that all information pertaining to this application form is true and correct.
FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN ADVERSE ACTION
BEING TAKEN AGAINST YOUR CERTIFICATE/LICENSE/PERMIT.**