

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Paper Clip Only. Do NOT Staple.



EDUCATOR CERTIFICATION SECTION  
 5215 GORDON PERSONS BUILDING  
 POST OFFICE BOX 302101  
 MONTGOMERY, AL 36130-2101  
 Telephone: (334) 694-4557  
 ALSDE | Alabama Achieves

This section must be completed by the employing  
 Alabama school system or nonpublic/private school.

School System Code:

Nonpublic/Private  
 School Code:

### Professional Educator Certificate following the Provisional Certificate in a Teaching Field (PCTF) Approach

A complete application packet must be received in the Educator Certification Section or postmarked no later than **October 1 of the calendar year**, during which the four-year window ends. An applicant's four-year window begins the scholastic year for which the 1<sup>st</sup> PCTF or other alternative-type certificate is issued (i.e., The 1<sup>st</sup> PCTF was issued the 2024-2025 scholastic year, the four-year window expires the 2027-2028 scholastic year). The application process **must be completed in conjunction with an employing Alabama county/city superintendent or administrator of an eligible nonpublic/private school.**

All requirements for issuance of the Professional Educator Certificate must be met prior to the **October 1 of the calendar year**, during which the four-year window ends.

The Professional Educator Certificate will be issued in the same teaching field and at the grade level for which the PCTF(s) were issued. Completion of this approach leads to a Class B (bachelor's degree level) Professional Educator Certificate.

*This form cannot be used if the first PCTF is held during the 2027-2028 scholastic year or thereafter.*

| PERSONAL DATA                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Legal Name as it appears on government-issued identification.                                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| 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)                                                                                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| FOR STATISTICAL PURPOSES ONLY                                                                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>Ethnic Origin (Choose one)</b><br><input type="checkbox"/> (01) Hispanic Latino<br><input type="checkbox"/> (02) Not Hispanic Latino                                                                                |                                                                                                                                                                                                                                                                   | <b>Gender (Choose one)</b><br><input type="checkbox"/> (F) Female<br><input type="checkbox"/> (M) Male |        | <b>Race (Choose one or more, regardless of Ethnicity)</b><br><input type="checkbox"/> (01) White<br><input type="checkbox"/> (02) Black or African American<br><input type="checkbox"/> (04) American Indian or Alaska Native<br><input type="checkbox"/> (05) Asian<br><input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander |          |
| PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION                                                                                                                                                                   |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| Check "yes" or "no" for each question below. <b>"YES"</b> responses require an attached explanation and any additional supporting documentation (e.g. court certified copies of judgment, conviction, and sentencing). |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| READ CAREFULLY                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                   |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>other than the Alabama State Department of Education</u> ? |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>other than the Alabama State Department of Education</u> ?                                                     |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?                                                                                                                                                        |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | Have you ever resigned from a position rather than face disciplinary action?                                                                                                                                                                                      |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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?                                                                                                                                 |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                               | Are you the subject of a pending investigation involving a criminal                                                                                                                                                                                               |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |

The Alabama State Board of Education and the Alabama State Department of Education do not discriminate on the basis of race, color, disability, sex, religion, national origin, or age in their programs, activities, or employment and provide equal access to the Boy Scouts and other designated youth groups. The following person is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, **Support Services**, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: [supportservices@alsde.edu](mailto:supportservices@alsde.edu).

**APPLICATION PACKET CHECKLIST FOR THE PROFESSIONAL EDUCATOR CERTIFICATE****Application Forms**

- ☐ Submission of Supplement CIT Form with supporting documentation verifying United States citizenship or lawful presence in the United States.
- ☐ Submission of this application **Form PFA**.

**Nonrefundable Application Fee**

- ☐ A \$38.00 **nonrefundable** application fee. A major credit card is required. A transaction fee will be applied. All application fees are non-refundable.

- To make an online payment, you **must** have an **AIM account**.
- To **create or log in** to your AIM account, please visit <https://aim.alsde.edu/>.
- Once you have created an AIM account and logged in, 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](mailto:helpdesk@alsde.edu) or calling 334-694-4777.

**Background Clearance**

- ☐ Background clearance is based on a fingerprint review.
- For applicants seeking **initial certification, additional certification, or certificate renewal** to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at [Certificate Search](#).
  - For Applicants who **have not** been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at [Alabama Achieves - Teacher Certification](#). If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or [bgr@alsde.edu](mailto:bgr@alsde.edu).
  - Applicants may verify receipt of their criminal history results at the ALSDE by visiting [Certificate Search](#). If your results are not located, or if you have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

**Teaching Experience**

- ☐ Submission of Supplement EXP is to be completed by the employing Alabama county/city superintendent or eligible nonpublic/private school administrator for an applicant completing the PCTF.

Supplement EXP verifying the applicant's full year of full-time teaching experience while holding the first, second, or third PCTF, with the **full-time assignment** having been only teaching courses in the specific teaching field and at the grade level for which the PCTF was held. (The applicant may have been assigned for no more than one period/block of the day to a course that was not in the specific teaching field and grade level of the first PCTF *only* if the first PCTF was proper certification for the course.)

- If completing this option with less than the required 3 years, at least one full scholastic year of full-time appropriate experience is required.
- Employment of the applicant may be in a combination of no more than two public school systems and/or eligible nonpublic/private schools while holding a PCTF.
- The experience requirement must be met **prior to** application submission.

**Performance Verification**

- ☐ Submission of Supplement BTA is to be completed by the employing Alabama county/city superintendent or eligible nonpublic/private school administrator for an applicant completing the PCTF.
- NOTE:** Only required if the applicant **held less than three** PCTF certificates during their four-year window.

Supplement BTA is used to verify the applicant's performance. This form is required if the applicant has less than three PCTFs during the four-year window.

If **more than two** performance indicators are denoted as "Growth Needed" or a response of "No" is provided for question 10, the applicant will be required to complete another full year of full-time teaching experience (with improvement in those areas) even if all other requirements are met. **Additionally, this form cannot be submitted and the application for the Professional Educator Certificate cannot be submitted.** Since there is a limit on the number of alternative certificates that can be held, the employer and the applicant should always be aware of the applicant's performance.

**Official Transcripts**

- ☐ Submission of official transcripts verifying credit earned in all four required courses **prior to October 1 of the calendar year** during which the four-year window ends, with a grade of "C" or above. All credits must be verified on an official transcript(s) and must be submitted to the Educator Certification Section.

I, as the designated representative of the LEA/Nonpublic/Private School who requested the applicant's official transcript, am providing the official transcript(s) **with my signature** attesting to the following:

- ☐ I have obtained the official transcript(s) directly from the official transcript provider, **whether by opening or downloading it. (Official or unofficial transcripts downloaded by the applicant or opened by the applicant are not acceptable.)**
- ☐ I have reviewed and verified the applicant has earned a grade of "C" or above in all courses.
- ☐ I have included my signature on the applicant's official transcript as the designee representative of the LEA/nonpublic/private school.

**OR**

- ☐ The applicant has been my employee the entire time, I have previously submitted transcripts with ALL required courses, and they are on file with the Educator Certification Section.

**LEA/Nonpublic/Private School Representative's Initials:** \_\_\_\_\_

The applicant's **current** legal name and Social Security or ALSDE ID number must accompany the transcript(s).

**Career and Technical Education**

- ☐ For the teaching fields of **agriscience education, business/marketing education, career technologies, computer science, and family and consumer sciences education**. The applicant's PowerSchool Professional Learning Training History report verifying completion of the appropriate *Alabama State Department of Education's (ALSDE) Career and Technical Education Teacher Certification Program (CTE TCP Level 1)* is on file with the Educator Certification Section or has been completed **prior to October 1 of the calendar year** during which the four-year window ends.

**Testing Requirements**

- ☐ Electronic submission to the ALSDE by the testing company of the applicant's current **passing** score on the AECAP Pedagogy Assessment (edTPA/PLT) on a test administration date **prior to October 1 of the calendar year** during which the four-year window ends. An applicant who holds a valid Alabama Professional Educator Certificate in a teaching field is exempt from the Pedagogy Assessment requirement.

☐ **Option 1**

Applicant completed **all three scholastic years** on the PCTF Approach and is submitting a passing score on the AECAP:

- ☐ Praxis Principles of Learning and Teaching (PLT) test **OR**
- ☐ edTPA Handbook for the teaching field and at the grade level for which the PCTFs were issued.

☐ **Option 2**

Applicant completed **one or two scholastic years** on the PCTF Approach and is submitting a passing score on the AECAP edTPA Handbook for the teaching field and grade level for which the PCTFs were issued.

Information about the PLT may be found at [Praxis](#).

**NOTE:** PCTFs for grades K-12 and 4-8 must pass the PLT test for Grades K-6 OR Grades 7-12. PCTFs for grades 6-12 must pass the PLT test for Grades 7-12.

Information about the edTPA may be found at [edTPA](#) (click: *Candidates*).

**NOTE:** If an edTPA Handbook is not available for the requested teaching field, a passing score on the AECAP Principles of Learning and Teaching (PLT) test is required.

**APPLICATION SUBMISSION and ATTESTATIONS****As an applicant for the Professional Educator Certificate, I understand:**

- The Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file.
- The submission of supporting documents or the nonrefundable application fee ONLY (e.g., Supplement EXP) does not constitute making an application for certification. Incomplete forms will delay the review of the file.
- If applicable, I have contacted my employing school system to ensure they have submitted the Supplement EXP and the Supplement BTA.
- If my performance indicators on Supplement BTA denote **more than two** “Growth Needed” or a response of “No” is provided for question 10, I will be required to complete another full year of full-time, teaching experience (with improvement in those areas), even if all other requirements are met. I also understand my employing LEA **cannot submit this application** if Supplement BTA denotes **more than two** “Growth Needed” or a response of “No” is provided for question 10.
- It is my responsibility to keep all personal data updated in my AIM account and on file in the Educator Certification Section current.
- FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF THIS LICENSE/CERTIFICATE.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

*To be completed by the employing Alabama county/city superintendent or nonpublic/private school administrator.*

I confirm this applicant has met all requirements as outlined in this application.

Date

Signature of Superintendent/Nonpublic/Private School Administrator

School System/Eligible Nonpublic/Private School

Email Address

Telephone Number