



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:

## The Second Temporary Special Education Certificate (TSEC) Approach for the 2026-2027 Scholastic Year

The application process for the TSEC must be completed in conjunction with an employing Alabama county/city superintendent and submitted directly to the Educator Certification Section of the Alabama State Department of Education (ALSDE).

- **For the second TSEC** a complete application packet can be received in the Educator Certification Section anytime during the current 2026-2027 scholastic year.
- TSEC applications received or postmarked **after October 1 will not count as a full year of full-time** teaching experience.
- TSEC requirements must be met **prior to October 1.**

| PERSONAL DATA                                                                                                                                                                                                                                                                                                                    |       |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <i>Legal name as it appears on government-issued identification.</i>                                                                                                                                                                                                                                                             |       |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| 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 <b><u>other than the Alabama State Department of Education?</u></b> |       |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <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 <b><u>other than the Alabama State Department of Education?</u></b>                                                     |       |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |
| <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 act?                                                                                                                                                                                                |       |                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                 |          |

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).

**LEA AUTHORIZATION and RESPONSIBILITIES**

- My local board of education is willing to participate in the TSEC Approach and has authorized me to employ, as a full-time employee, the applicant for whom this application packet is being submitted, subject to the issuance of a valid alternative certificate. I understand the TSEC will not be issued to the applicant until all eligibility requirements have been met and background clearance has been received.
- **I understand requirements must be met prior to October 1, 2026.** I understand that I can submit a complete application at any time during the 2026–2027 scholastic year for the applicant. However, if the TSEC application is received or postmarked after October 1, the experience will not count as a full year of teaching experience toward earning a Professional Educator Certificate. Partial months or semesters cannot be combined to make a full scholastic year of required teaching experience. **PLEASE NOTE** at least one of the TSEC applications must be received by October 1<sup>st</sup> so that the applicant can meet the one full year of teaching experience.
- All TSECs must be held within four scholastic years from the July 1 beginning date of the first TSEC. Although three one-year certificates may be held, applicants who successfully complete **all requirements** in one scholastic year may apply for the Professional Educator Certificate. An applicant must complete at least **one full** scholastic year of teaching experience **while holding** the TSEC.
- **There is a cap of three alternative type certificates.** An applicant may receive no more than three conditional, interim, provisional, or temporary certificates (or any combination of these) within the four scholastic years from July 1 starting date of the first TSEC.
- Applicants who **do not** complete this approach:
  - If the applicant does not complete the TSEC Approach and earn a Professional Educator Certificate within four scholastic years of receiving their first TSEC (July 1st), they cannot receive another conditional, provisional, or temporary certificate for five years. The five-year waiting period begins after the expiration (June 30) of the last conditional, provisional, or temporary certificate.
  - If the applicant does not complete the TSEC Approach please note, they may receive no more than three conditional, interim, provisional, or temporary certificates (or any combination of these) within the four scholastic years from the July 1 starting date of the first TSEC.
- I have checked the **current** Alabama State Department of Education (ALSDE) Courses Application within the AIM Portal to ensure the applicant will be properly certified for each period/block of the day as a Collaborative Special Education Teacher, grades 6-12. Although several courses appear in the ALSDE Courses Application as proper certification, for purposes of the TSEC, the **only courses** an applicant can be assigned to are those approved specifically for **Collaborative Special Education Teacher, grades 6-12**.
- I understand failure to appropriately assign the applicant may delay the review of the application and/or may result in the applicant's inability to complete the TSEC Approach.
- The TSEC is only valid for employment with the public school system to which the TSEC is issued.
- I understand the LEA is required to provide at least four practical field experiences, each lasting a minimum of 3 hours, which the individual must complete.
- An applicant who has been unconditionally admitted to an Alabama Alternative Class A Educator Preparation Program in Collaborative Special Education Teacher grades 6-12 cannot be issued a TSEC. The Interim Employment Certificate Approach must be used. The TSEC may be an option if the applicant is no longer currently enrolled in the Alabama Alternative Class A Preparation Program and has any remaining certificates available within four scholastic years from the July 1 starting date of the first certificate.
- The submission of supporting documents or paying the nonrefundable application fee ONLY (e.g., official transcripts) does not constitute making an application for certification. Incomplete forms will delay the review of the file. **APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.**
- I understand the appropriate LEA designees must complete the **Beginning Teacher Alternative Certification Program (Supplement BTA)** form indicating acceptable performance for applicants who have held less than 3 TSECs, when applying for the **Professional Educator Certificate**.
  - If the applicant's performance indicators denote **more than two** "Growth Needed" or a response of "No" is procured 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.
  - I also understand if the aforementioned indicators are denoted or a response of "No" is procured for question 10, the applicant has been provided a copy of Supplement BTA, and Form PFS cannot be submitted. Documentation of the appropriate mentoring, professional learning, and/or training must be submitted. **PLEASE NOTE** since

there is a limit on the number of certificates that can be held, the LEA and the applicant should be aware of the applicant's performance at all times.

- I understand, the application process for the applicant's Professional Educator Certificate must be completed in conjunction with the LEA where the last certificate was held.
- I confirm the applicant received a signed photocopy of this form.
- I confirm and understand the LEA's responsibilities, applicant requirements/responsibilities, deadlines and important details related to the TSEC approach.
- I confirm that I have implemented formal procedures to monitor the applicant's adherence to the requirements outlined in the TSEC Approach.

**LEA Representative's Signature:** \_\_\_\_\_

### **RECOMMENDATION**

*To be completed by the employing county/city superintendent.*

I recommend this individual for the **second** Temporary Special Education Certificate for Collaborative Special Education Teacher, grades 6-12.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Alabama Superintendent

\_\_\_\_\_  
Name of Alabama Local Education Agency

### **APPLICATION PACKET CHECKLIST FOR THE SECOND TSEC**

Required for issuance of the **second** TSEC valid **July 1, 2026, to June 30, 2027;**  
if the first TSEC was held during the **2023-2024, 2024-2025, or 2025-2026.**

*Please check all boxes to indicate you have read and submitted all required items.*

#### **Application Forms**

- ☐ Submission of Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.
- ☐ Submission of this application Form 2SE.

#### **Nonrefundable Application Fee**

- ☐ A \$38.00 **nonrefundable** application fee. **Neither personal checks nor cash will be accepted.**

- To make an online payment, you **must** have an **AIM account**.
- To **create or log in** to your AIM account, please visit [ALSDE | AIM](#).
- 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.

| Coursework                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>   | <u>Submission of</u> Supplement SE1 completed by the certification officer at the Alabama college or university authorized to provide coursework for this approach, verifying <b>completion of at least two</b> of the approved courses. See the <b>COURSEWORK REQUIREMENTS</b> section of this form for specific information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Professional Learning      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <p><u>Submission of</u> the applicant's PowerSchool Professional Learning training history verifying <b>completion of at least two</b> of the required Special Education Professional Learning activities. See the <b>SPECIAL EDUCATION PROFESSIONAL LEARNING</b> section of this form for specific information and attestation.</p> <p>I am verifying that the photocopy of the PowerSchool Professional Learning Training History Transcript:</p> <ul style="list-style-type: none"> <li>• Confirms completion of <b>at least two</b> of the six ALSDE-developed Special Education Professional Learning Activities are completed; and</li> <li>• Contains the special education facilitator's signature.</li> </ul> <p><b>LEA Representative's Initials:</b> _____</p>                                                                                                                                                                                                                                                                                                                                    |
| Classroom Schedule         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <u>Submission of</u> the applicant's schedule from PowerSchool verifying the applicant is serving full-time as a Collaborative Teacher, grades 6-12, for each period/block of the day. <b>The PowerSchool schedule submitted must display the teacher schedule view and is printed from the district office for the current academic year. Courses with zero students enrolled will not be accepted.</b> See the <b>LEA AUTHORIZATION and RESPONSIBILITIES</b> section of this form for additional information about the assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Practical Field Experience |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <u>Submission of</u> Supplement PFE verifying <b>completion</b> of at least <b>two</b> of the required practical field experiences.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Teacher Mentor             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>   | <p><u>Submission of</u> Supplement MVF verifying proper mentorship for individuals seeking the Temporary Special Education Certificate.</p> <p><b>Mentor Qualifications:</b> A mentor assigned to the individual must hold the following:</p> <p><input type="checkbox"/> a valid Alabama Professional Educator Certificate in an area of special education AND have at least three full years of full-time professional educational work experience;</p> <p><b>or</b></p> <p><input type="checkbox"/> serve as the Special Education Facilitator/Director with a valid Alabama Professional Educator Certificate in an area of special education.</p> <p><b>INDIVIDUALS AND LEAs ARE HIGHLY RECOMMENDED TO PARTICIPATE IN THE Alabama Teacher Mentor Program (ATMP). Information regarding the ATMP can be found at <a href="#">ALSDE   Alabama Achieves</a> (click Teachers &amp; Administrators ☞ Teacher Center ☞ Teacher Mentor Program). For questions regarding the ATMP, please email Ms. Kimberly Mitchell at <a href="mailto:kimberly.mitchell@alsde.edu">kimberly.mitchell@alsde.edu</a>.</b></p> |

### REQUIREMENTS FOR ISSUANCE OF THE THIRD TSEC

If the first TSEC was held during the **2024-2025** scholastic year and the second TSEC was held during the **2025-2026 or 2026-2027** scholastic year, the requirements for issuance of the **third** TSEC, valid July 1, 2027, to June 30, 2028, **OR**

If the first TSEC was held during the **2025-2026** scholastic year and the second TSEC was held during the **2026-2027 or 2027-2028** scholastic year, the requirements for issuance of the **third** TSEC, valid July 1, 2027, to June 30, 2028, or valid July 1, 2028, to June 30, 2029, are:

1. Submission of the Application for the Third Temporary Special Education Certificate Approach by the employing Alabama county/city superintendent.
2. Submission of the **nonrefundable** application fee.
3. Submission of Supplement SE1 verifying credit earned for **at least four** required courses.
4. Submission of the individual's PowerSchool Professional Learning training history verifying successful completion of **at least four** required Special Education Professional Learning.
5. Submission of Supplement PFE verifying successful participation in **all four** practical field experiences (e.g., classroom observation, co-teaching training).
6. Submission of individual's schedule from PowerSchool verifying the individual is serving full-time as a Collaborative Teacher, grades 6-12, for each period/block of the day. **The PowerSchool schedule submitted must display the teacher schedule view and is printed from the district office for the current academic year. Courses with zero students enrolled will not be accepted.**

**REQUIREMENTS FOR ISSUANCE OF THE PROFESSIONAL EDUCATOR CERTIFICATE**

The application process for the Professional Educator Certificate must be completed in conjunction with the LEA where the last certificate was held.

The application for the **Professional Following the Alternative Application** may be found at (click *Teachers & Administrators* ⇨ *Teacher Center* ⇨ *Teacher Certification* ⇨ *Alternative Certificates* ⇨ *Temporary Special Education Certificate*).

1. Submission of the Application for the Professional Educator Certificate following the Temporary Special Education Certificate Approach (Form PFS). **The application must be received in the Educator Certification Section by or postmarked no later than October 1 of the calendar year during which the four scholastic year window ends.** If not received, the individual will forfeit the right to seek a Professional Educator Certificate through this approach.
2. Submission of the **nonrefundable** application fee.
3. Submission of the **Beginning Teacher Alternative Certification Program** (Supplement BTA), which must **be completed and submitted by the employing school system**. I understand that I must receive successful performance indicators. If my performance indicators reflect **more than two** “Growth Needed” ratings or a response of “No” to question 10, I will be required to complete an additional full scholastic year of full-time teaching experience, with improvement in those identified areas, even if all other requirements for certification have been met.
4. Submission of Supplement EXP verifying the applicant’s full year of full-time teaching experience while holding the first, second or third TSEC during the four year window. The full-time assignment must have been only teaching courses for Collaborative Special Education Teacher, grades 6-12. (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 TSEC *only if the TSEC was proper certification for the course.*)
5. All requirements for issuance of the first, second, and third TSEC have been met.
6. Electronic submission by the testing company of the applicant’s current **passing** score on Praxis-subject area test is Praxis #5355 Special Education: Core Knowledge and Applications. A passing score must be attained **prior to the October 1** expiration date of the four-year window. For additional information, please visit [Praxis](#). See Praxis test allowance below if the test was passed prior to September 1, 2024, the first TSEC was issued prior to September 1, 2024, and the application for the Professional Educator Certificate is received or postmarked by October 1, 2028.

**Praxis Test Changes**

| Praxis Test Code | Praxis Test Title                                  | Required Score | Test Passed, and 1 <sup>st</sup> TSEC issued Prior To | Application for the <b>Professional Educator Certificate</b> Must be Received in the Educator Certification Section by or Postmarked by |
|------------------|----------------------------------------------------|----------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 5354             | Special Education: Core Knowledge and Applications | 153            | September 1, 2024                                     | October 1, 2028                                                                                                                         |

**COURSEWORK REQUIREMENTS**

1. Coursework must be completed at an Alabama college/university that has been authorized to provide coursework for the TSEC Approach.
2. All coursework must be completed **at the same Alabama college/university**. Authorized institutions and approved courses can be found at [ALSDE | Alabama Achieves](#) (click *Teachers & Administrators* ⇨ *Teacher Center* ⇨ *Teacher Certification* ⇨ *Alternative Certificates* ⇨ *Temporary Special Education Certificate*).
3. Coursework content areas shall include all the following:
  - a. Survey of Special Education,
  - b. Collaboration/Consultation,
  - c. Methods and Assessment,
  - d. Special education laws, and
  - e. Behavior Analysis/Modification.
4. Coursework completed **ten or more years** prior to the July 1 beginning valid period of the first TSEC will not be accepted.
  - a. Courses will only be accepted from an authorized Alabama college/university.
  - b. Courses must be the exact courses on the current approved listing.
  - c. **REMINDER**-All coursework must be completed **at the same Alabama college/university**.
5. Credit must be earned **prior to October 1** of the calendar year during which the TSEC expires. A **grade of “C”** or above must be earned in each course.

**SPECIAL EDUCATION PROFESSIONAL LEARNING**

1. ALSDE-developed Special Education Professional Learning activities must be completed as part of the TSEC Approach.
2. Special Education Professional Learning areas shall include all the following:
  - a. Role of a Special Education Teacher, Person First Skills, and ALSDE Special Education Resources,
  - b. Development and Characteristics of Learners,
  - c. Planning and Learning Environment,
  - d. Instruction,
  - e. Assessment, and
  - f. Foundations and Professional Responsibilities.
3. The required Special Education Professional Learning activities must be successfully completed **prior to October 1** of the calendar year during which the TSEC expires.

*For information regarding Special Education Professional Learning activities, contact Special Education Services by email at [tsec@alsde.edu](mailto:tsec@alsde.edu) or by phone at (334) 694-4782.*

**IMPORTANT INFORMATION and ATTESTATIONS TO BE COMPLETED BY THE APPLICANT**

As an individual through the TSEC Approach to certification, I understand:

1. I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section.
2. Meeting the requirements of the TSEC Approach leads to a Class B (bachelor's degree level) Professional Educator Certificate in the same teaching field and grade levels of the TSEC.
3. The AECAP Praxis subject area test(s) and score required for the first TSEC will be acceptable for issuance of the professional certificate as long as the TSEC approach is completed in the four-year window.
4. When I apply for a Professional Educator Certificate, my employing LEA must complete the Beginning Teacher Alternative Certification Program (Supplement BTA) form if I have held fewer than three TSECs.  
If my Supplement BTA reflects more than two **"Growth Needed"** performance indicators or a **"No"** response to Question 10, I will be required to complete an additional full year of full-time teaching experience with improvement in those areas before I can be recommended for a Professional Educator Certificate, even if I have met all other certification requirements.  
In this situation, the application for the Professional Certificate cannot be submitted on my behalf. Instead, documentation demonstrating appropriate mentoring, professional learning, and/or training must be provided. Because there is a limit on the number of alternative certificates that may be issued, I acknowledge the importance of maintaining satisfactory performance throughout my participation.
5. I shall no longer be eligible for certification under the TSEC or any alternative certificate approach **for five years** if I do not complete this approach or any other eligible alternative approach in its entirety and earn the Professional Educator Certificate as outlined. **The five year count begins after the June 30 date of the last held conditional, provisional, or temporary-approach certificate.**
6. An individual who does not apply **by October 1 of the calendar year during which the four scholastic year window ends** will forfeit the right to seek a Professional Educator Certificate through this approach. For issuance of my Professional Educator Certificate, I must meet all requirements, and in conjunction with my LEA or nonpublic submit the Application for the Professional Educator Certificate Following the TSEC Approach (Form PFS), along with any supporting documents.
7. I may not be employed on any more than three conditional, interim, provisional, or temporary-approach certificates, or any combination thereof, within the four scholastic years from the July 1 beginning date of the first conditional, interim, provisional, or temporary-approach certificate. The time frame will not be extended past the four-year window for individuals holding a conditional, interim, provisional, or temporary-approach certificate and who have not been issued the resulting Professional Educator or Professional Leadership Certificate.
8. I have carefully read the TSEC application document for issuance of the first, second, third, and Professional Educator Certificate to learn about the requirements, deadlines, and important details for getting the next certificate. I also understand it is my responsibility to stay in contact with appropriate personnel at my school system for any question(s) I may have.
9. I understand it is my responsibility to keep all personal data updated in my AIM account and on file in the Educator Certification Section current.
10. FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF THIS LICENSE/CERTIFICATE.

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