

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 Temporary Special Education Certificate (TSEC) 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 1st TSEC or other alternative-type certificate is issued (i.e., The 1st TSEC 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**.

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 Collaborative Special Education Teacher grades 6-12. Completion of this approach leads to a Class B (bachelor's degree level) Professional Educator Certificate.

This form cannot be used if the first TSEC 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					
Ethnic Origin (Choose one) ☐ (01) Hispanic Latino ☐ (02) Not Hispanic Latino		Gender (Choose one) ☐ (F) Female ☐ (M) Male		Race (Choose one or more, regardless of Ethnicity) ☐ (01) White ☐ (02) Black or African American ☐ (04) American Indian or Alaska Native ☐ (05) Asian ☐ (08) Native Hawaiian or Other Pacific Islander	
PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION					
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 <u>other than the Alabama State Department of Education</u> ?			
☐ 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 <u>other than the Alabama State Department of Education</u> ?			
☐ 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?			

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.

APPLICATION PACKET CHECKLIST FOR PROFESSIONAL EDUCATOR CERTIFICATE	
Application Forms	
☐	Submission of Supplement CIT Form <u>with supporting documentation</u> verifying United States citizenship or lawful presence in the United States.
☐	Submission of this application Form PFS .
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 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 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. - 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 for an applicant completing the TSEC.
Supplement EXP verifying the applicant's full year of full-time teaching experience while holding the first, second, or third TSEC, with the full-time assignment having been only teaching courses in 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 <i>only</i> if the TSEC 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. - 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 for an applicant completing the TSEC.
NOTE: Only required if the applicant held less than three TSEC 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 TSECs 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 Transcript

- ☐ Submission of official transcripts verifying credit earned for all approved courses as outlined by the authorized Alabama college or university **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 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.

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 Representative's Initials: _____

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

PowerSchool Professional Learning

- ☐ Submission of the applicant's PowerSchool Professional Learning training history verifying completion of **all** required ALSDE-developed Special Education Professional Learning activities.

Practical Field Experience

- ☐ Submission of Supplement PFE verifying participation in the **four** required practical field experiences (e.g., classroom observation, co-teaching training).

Testing Requirement

- ☐ 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 Code	Praxis Test Title	Required Score	Test Passed, and 1 st TSEC issued Prior To	Application for the Professional Educator Certificate 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

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.

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

Date

Signature of Superintendent

Email Address

Telephone Number