



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

School System Code: \_ \_ \_ \_

Nonpublic School Code: \_ \_ \_ \_ - \_ \_ \_ \_

### SUPPLEMENT EXP

This supplement is to be completed for verification of professional educational work experience and/or for verification of clock hours of professional development.

**Professional educational work experience** is full-time educational employment in:

- A state or local public school;
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- State Departments of Education;
- An educational association;
- A college/university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic school;
- An Alabama charter school (grades P-12); **OR**
- A nonpublic school or charter school outside of Alabama (grades P-12) that was accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with Supplement EXP.

**Experience as a graduate assistant, intern, student teacher, or in positions such as aide, clerical worker, or substitute teacher will NOT be considered.**

For *certificate renewal*, professional educational work experience in increments of less than one semester (4.5 months) or less than 20 hours per week will **not** be calculated toward full-time experience.

For *certificate issuance*, in an instructional support area (library-media, school counseling, administration and/or supervision, etc.), professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required.

For *meeting testing requirements through the certificate reciprocity approach*, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required and must have been earned within ten years prior to applying for Alabama certification.

**Clock hours of professional development** earned and applied toward renewal must be:

- Consistent with the Alabama Standards for Professional Development found at [www.alsde.edu/EdCert](http://www.alsde.edu/EdCert) (click *Certificate Renewal* & *Professional Educator*);
- Based on the individual's professional growth needs as identified through performance evaluations, if employed; **and**
- Related to professional education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals, and evaluation of the activity.

For additional information and rules regarding certification requirements, which all applicants are responsible for meeting, please refer to the appropriate summary sheet(s) and the Alabama Administrative Code rules at [www.alsde.edu/EdCert](http://www.alsde.edu/EdCert). **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL**

**I. PERSONAL DATA: TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>				

**II. PURPOSE OF SUBMISSION: TO BE COMPLETED BY THE APPLICANT**

- Certificate Renewal
- Meeting testing requirements *through the certificate reciprocity approach*.
- Issuance of a \_\_\_\_\_ certificate.
- Superintendent election in \_\_\_\_\_ County.
- Other \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

SECTIONS III., IV., and V. ON PAGE TWO **ARE TO BE COMPLETED BY** THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER OR ASSOCIATION DIRECTOR.

**DO NOT RETURN THIS FORM TO THE APPLICANT.** FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. AT THE APPLICANT'S REQUEST, THE EMPLOYER MAY FORWARD THIS FORM TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.

**III. EMPLOYMENT INFORMATION**

\_\_\_\_\_  
Name of School System, Nonpublic School, College/University, or Association

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full Time / Part Time	If Part-Time, List Hours per Week
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

**IV. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:**

(Section IV. applies to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

Specific Professional Development Activity	Beginning Month/Day/Year	Ending Month/Day/Year	Number of Clock/Contact Hours

Total Clock/Contact Hours of Professional Development \_\_\_\_\_

**V. I certify that all of the above information pertaining to this individual is true and correct:**

A notary seal must be affixed to this form OR the business card of the authorized official must be attached.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Seal and Signature of Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of:  
Superintendent *or* Headmaster  
College/University Human Resources/Payroll Officer  
Association Director

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
School System, Nonpublic School, College/University, Association

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date