



**SUPPLEMENT EXP**

Paper Clip Only. Do NOT Staple.

**GENERAL INFORMATION**

**FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

This supplement is to be completed to verify professional educational work experience.

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

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- A State Department of Education;
- A professional education association;
- A college or university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic/private school (grades P-12);
- An Alabama charter school (grades P-12);
- A nonpublic/private school or charter school (grades P-12) outside of Alabama that was regionally 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 this form;
- A federally operated grades P-12 school (e.g., Department of Defense Education Activity, Bureau of Indian Affairs, etc.);
- A Head Start Program under the legal jurisdiction of a public school system when the experience was earned; **OR**
- A childcare facility below Kindergarten (Age 5) that was accredited by the National Association for the Education of Young Children (NAEYC) when the experience was earned.

**Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as an aide, clerical worker, or substitute teacher will NOT be considered.**

**For meeting eligibility requirements through the certificate reciprocity approach, professional educational work experience in increments of less than one semester (4.5 months) will not be considered.**

**PERSONAL DATA**

**Legal Name as it appears on government-issued identification.**

**TO BE COMPLETED BY THE APPLICANT**

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)		

**PURPOSE OF SUBMISSION**

**TO BE COMPLETED BY THE APPLICANT**

- Meeting eligibility or completion requirements through an alternative certificate approach.
- Meeting eligibility requirements through the certificate reciprocity approach.
- Issuance of a \_\_\_\_\_ certificate.
- Other \_\_\_\_\_

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

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

**EMPLOYMENT VERIFICATION**

**TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER, OR ASSOCIATION DIRECTOR**

Name of School System, Nonpublic/Private 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	

**ATTESTATION OF EMPLOYMENT VERIFICATION**

**I confirm the information provided on this form pertaining to this individual is accurate and truthful.**

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/Private School, College/University, Association

Address

City/State/ZIP Code

Telephone Number

Date

Please return to:

Dayna Borden  
C/O Homewood City Schools  
450 Dale Avenue  
Homewood, AL 35209  
(205) 877-4549  
dborden@homewood.k12.al.us