



ALABAMA STATE DEPARTMENT OF EDUCATION
 EDUCATOR CERTIFICATION SECTION

Telephone: (334) 694-4557

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

School System Code: _____

Nonpublic/Private School Code: _____

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking initial issuance or reissuance of a Substitute License. Application forms and supporting documents are not accepted by fax or e-mail. An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for _____
 First Middle/Maiden Last

I have verification of graduation from high school or the completion of an Alabama State Department of Education approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

School System/Nonpublic/Private School _____ Date _____

Signature of Superintendent/Nonpublic/Private School Administrator _____ Typed or Printed Name _____

Application Fee REQUIRED

A \$30.00 NONREFUNDABLE application fee is required. The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). Personal checks or cash will not be accepted. The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany this application.

Background Check REQUIRED

Applicants for initial certification, additional certification, and certificate renewal who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the Alabama State Department of Education (ALSDE) are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at https://www.aps.gemalto.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background checks have been completed and whether they are suitable and fit to teach under state law at <https://tcert.alsde.edu/Portal>.

APPLICANT COMPLETES: The purpose for submission of this form is:

- Issuance of my first Substitute License **OR**
- Reissuance of my Substitute License. A Substitute License cannot be reissued until the year it expires. Initial here _____ to confirm that <https://tcert.alsde.edu/Portal/Public> has been checked to verify that the Substitute License expires this year or has already expired.

APPLICANT COMPLETES: PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

| | | | | | | | |
|--|--|---|----------------|-------|--------------------|--|--|
| Title (e.g., Mr.) | First | Middle | Maiden | Last | Suffix (e.g., Jr.) | | |
| | | | | | | | |
| Street/Apt./P.O. Box/Route and Box | | | City | State | ZIP Code | | |
| | | | | | | | |
| Cell Telephone | Home Telephone | Work Telephone | E-mail Address | | | | |
| () | () | () | | | | | |
| Social Security Number | Date of Birth (mm-dd-yyyy) | FOR STATISTICAL PURPOSES ONLY | | | | | |
| - - | - - | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male </td> <td style="width: 50%;"> Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander </td> </tr> </table> | | | | Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male | Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander |
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APPLICANT COMPLETES: RECORD OF EDUCATION (Graduation from high school or the completion of an Alabama State Department of Education approved equivalent is required.)

| NAME OF HIGH SCHOOL/COLLEGE | LOCATION | DATES ATTENDED | DIPLOMA/DEGREE |
|-----------------------------|----------|----------------|----------------|
| | | | |

APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS

This section is to be completed in compliance with *Ala. Code § 31-13-(29)(c)(1)* which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section.

Choose **ONE** as appropriate:

1. I hereby declare that I am a citizen of the United States. (*check one*) Yes No
I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

| Mark Item Selected | ITEM | <i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i> |
|--------------------|------|--|
| | | Acceptable Documentation List |
| | A | An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety |
| | B | A birth certificate indicating birth in the United States or one of its territories |
| | C | Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport |
| | D | United States naturalization documents or the number of the certificate of naturalization |
| | E | Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended |
| | F | Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number |
| | G | A consular report of birth abroad of a citizen of the United States of America |
| | H | A certification of citizenship issued by the United States Citizenship and Immigration Services |
| | I | A certification of report of birth issued by the United States Department of State |
| | J | An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security |
| | K | Final adoption decree showing the person's name and United States birthplace |
| | L | An official United States Military record of service showing the applicant's place of birth in the United States |
| | M | An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States |
| | N | AL-verify |
| | O | A valid Uniformed Services Privileges and Identification Card |
| | P | Any form of ID authorized by the Alabama Department of Revenue |

OR

2. I hereby declare that I am an alien lawfully present in the United States. (*check one*) Yes No
I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

| Mark Item Selected | ITEM | <i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i> |
|--------------------|------|---|
| | | Acceptable Documentation List |
| | A | A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier |
| | B | Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance |
| | C | A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States |
| | D | A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States |

Name: _____

Social Security Number: _____ - _____ - _____

APPLICANT COMPLETES: 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 **other than the Alabama State Department of Education**?
- 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 **other than the Alabama State Department of Education**?
- 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?

I understand Alabama certification will not be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the ALSDE that I am not lawfully present in the United States, the ALSDE will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 31-13-7(h).

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.

Date

Signature of Applicant

Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not be returned to the school system or eligible nonpublic/private school.

- A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.*
- If a fee was submitted, the fee will be retained and entered to the individual's file.*