### ALABAMA STATE DEPARTMENT OF EDUCATION EDUCATOR CERTIFICATION SECTION

5215 GORDON PERSONS BUILDING POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101

Telephone: (334) 694-4557 <u>Alabama Achieves</u>



# Paper Clip Only. Do NOT Staple.

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

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

Nonpublic/Private School Code:

# SUPPLEMENT VPD

#### This supplement is to be completed to verify clock hours of professional development.

#### This supplement is to be completed by any of the following entities:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- An Alabama State Department of Education sponsored initiative (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 professional development 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 professional development was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by the State Department of Education during the school year(s) during which the professional development 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 professional development 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 professional development was earned.

### Clock hours of professional development earned and to be applied toward certificate renewal must be:

- Consistent with the Alabama Standards for Professional Development found at <u>Alabama Achieves</u> (click *Teachers and Adm* Standards for Professional Development);
- 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 <u>Alabama Achieves</u> 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.)
Street/Apt./P.O. Box/Route and Box			City		State	ZIP Code	
Cell Telephone	Cell Telephone Home Telephone				Work Telephone		
Social Security Number Date of Birth (mm-dd-yyyy)			E-mail Address				

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

□ Certificate Renewal

SECTIONS III. AND IV. 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.

### ALSDE ID:

#### III. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT: (Section III. applies to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

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

Signature Superintendent or Headmaster, College/University Human Resources, Payroll Officer, Associate Director

Position Held

School System, Nonpublic/Private School, College/University, Association

**Typed or Printed Name** 

City/State/Zip Code

**Telephone Number** 

Date

THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT OR THE BUSINESS CARD OF THE AUTHORIZED OFFICIAL MUST BE ATTACHED.

## 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.

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

AT THE APPLICANT'S REQUEST, THIS FORM MAY BE FORWARDED TO AN ALABAMA SCHOOL SYSTEM. □ PLEASE FORWARD THIS FORM TO THE FOLLOWING **ALABAMA SCHOOL SYSTEM**:

Name of Alabama School System

### **Attention: Human Resources Department**

Address

City/State/Zip Code