



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 [Alabama Achieves](http://AlabamaAchieves.org) (click *Teachers and Adm* = 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 [Alabama Achieves](http://AlabamaAchieves.org) **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	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.**

