



**ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION**

**Alabama Certification for Educators (ACE) Portal Local
Education Agency (LEA) Authorized User Form**

Please return form by email to edcertexternalforms@alsde.edu.

Name of LEA	
Code of LEA	
Name of Superintendent	

The ACE Portal is used to initiate and approve certification applications online. The LEA may identify **no more than three** authorized users of ACE. If additional authorized users are needed, **approval from the Department is required**, please email Eric Baker at ebaker@alsde.edu for approval.

Access to the ACE Portal will be managed through the Education Directory (EdDir). LEAs should have access to EdDir. Each LEA has a local EdDir Application Editor who can assist with assigning access rules. Authorized users who will be initiating and approving applications through ACE must be assigned to the role(s) listed below. Please contact your local EdDir Application Editor if you have any questions regarding how to assign these roles. Authorized users should be assigned the role: ACE application user that can edit ACE Cert system data.

Please designate the individual who will be your authorized user for use of the Alabama State Department of Education's [ACE Portal](#).

***Please print legibly. A separate form is required for each individual.**

Employee Name	Employee Title	Employee Email Address

As the LEA [authorized representative](#):

- I attest that I will only access my own account to process applications.
- I attest that applications will only be processed for individuals who I am authorized to do so for by the employing superintendent or dean.
- I understand unauthorized usage of the ACE Portal may result in employment, certification, or criminal sanctions.
- I understand the ALSDE will perform a random audit to ensure compliance with system and certification requirements.
- I agree and understand that by electronically signing applications, my electronic signature is the legal equivalent of my handwritten signature, and I consent that my signature is legally binding.

Signature of Authorized User

Date

As the LEA [superintendent](#) by designating this individual as an authorized user:

- I understand that the authorized user will make the certificate requests, and my signature will no longer be required on electronically submitted applications.
- I attest that we will have local procedures in place to ensure that I have approved all certificate requests prior to them being submitted.
- I understand that my authorized user is expected to follow the rules for use of the Alabama State Department's ACE Portal and treat all information with utmost confidentiality.

Signature of Superintendent

Date