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Telephone: (334) 694-4557
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SUPPLEMENT TST

Testing is a requirement for Alabama's certificate reciprocity approach. Supplement TST may be submitted for verification of **content knowledge test(s)** passed for issuance of valid professional educator certificate(s) in other states as one of the options for meeting the Praxis II requirement(s) of the Alabama Educator Certification Assessment Program (AECAP). Information on additional options may be found on Supplement HTO. *For this form, state also includes the District of Columbia, U.S. Territories, and the Department of Defense Education Activity (DoDEA).*

An Alabama certification applicant may request a review of testing information if:

- A valid professional educator certificate from another state (**with no deficiencies**, other than experience or state-specific coursework) is held **AND**
- For that **same state**, he/she was required to pass **that state's content knowledge test** prior to issuance of the area(s) of certification on the certificate.

THE CERTIFICATE AND TEST MUST BE FROM THE SAME STATE.

If you meet the above criteria, you may complete Section I below and then forward this form to the state's certificate issuing authority (Department of Education or Commission; *not* a college/university or a school system) for completion of Section II.

A review of a completed Supplement TST by the Educator Certification Section is required to determine if the previously passed test(s) in another state can be used to meet Alabama's content knowledge test(s) requirement. **If the state's certificate issuing authority will not complete this form, you will have to meet another testing option.**

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.) |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Street/Apt./P.O. Box/Route and Box | | | City | State | ZIP Code |
| <input style="width:100%;" type="text"/> | | | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Cell Telephone | Home Telephone | Work Telephone | E-mail Address | | |
| () | () | () | <input style="width:100%;" type="text"/> | | |
| Social Security Number | Date of Birth (mm-dd-yyyy) | | | | |
| - - | - - | | | | |

| | | |
|--|-------------------------|-------------------------|
| Area(s) of certification I am requesting _____ to verify: (state's certificate issuing authority) | | |
| Area of Certification 1 | Area of Certification 3 | Area of Certification 5 |
| Area of Certification 2 | Area of Certification 4 | Area of Certification 6 |

I have read the information above and hereby permit the release of information concerning my valid certificate(s) and test information to the Alabama State Superintendent of Education.

_____ Date

_____ Signature of Applicant

Verification Data on page two must be completed by the state's certificate issuing authority.

II. Verification Data: TO BE COMPLETED BY THE CERTIFICATE ISSUING AUTHORITY.

The individual listed in Section I has applied for Alabama certification. Please complete items A. and B.

A. Please complete item 1, 2, **OR** 3 to verify the applicant’s certificate information.

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. The individual listed in Section I holds a <i>valid</i> professional educator certificate in this state. The certificate is the professional educator certificate with no deficiencies. <u>OR</u> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. The individual listed in Section I holds a <i>valid</i> professional educator certificate in this state. The certificate is the professional educator certificate and the individual has experience and/or state-specific coursework deficiencies. <u>OR</u> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. The individual listed in Section I holds a <i>valid</i> certificate in this state. The certificate is not the professional educator certificate. Please explain or attach information: _____ _____ |

B. I verify, as indicated below, that the individual listed in Section I did or did not achieve the minimum passing score on the required **content knowledge test** of this state’s teacher testing program **prior to issuance of** the area of certification shown on his/her valid professional educator certificate in this state:

| Area(s) of certification (teaching field(s)/area(s) of instructional support) shown on the individual’s valid certificate: | Grade Level(s) | Prior to issuance of this area of certification, the individual achieved the minimum passing score on the required content knowledge test of this state’s teacher testing program. |
|--|-------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test not required |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test not required |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test not required |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test not required |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test not required |

Signature of Authorized Official

Typed or Printed Name of Authorized Official

Title

E-mail Address

Name of Issuing Authority

Issuing Authority Address

Telephone

Date

OFFICIAL SEAL OF THE ISSUING AUTHORITY MUST BE AFFIXED OR THE BUSINESS CARD OF THE AUTHORIZED OFFICIAL MUST BE ATTACHED.

PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT; forward it to the Alabama Educator Certification Section at the address on page one.

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.