



**ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION
5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101
Telephone: (334) 353-8567 E-mail: www.alsde.edu/EdCert**

This section must be completed by the employing Alabama school system or nonpublic school.
School System Code: _____
Nonpublic School Code: _____

APPLICATION FOR A SUBSTITUTE LICENSE

This application is to be completed for individuals seeking a Substitute License and submitted by the employing county/city superintendent or administrator of an eligible nonpublic school directly to the Educator Certification Section. Application forms and supporting documents are not accepted by fax or e-mail.

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 the application packet. Licenses cannot be continued until the year they expire. By initialing here _____ I have verified at <https://tcert.alsde.edu/Portal/Public> that my license expires this year.

Applicants applying for substitute licensure **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 are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Cogent Systems may be obtained at https://www.cogentid.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background check has been completed and whether they are suitable and fit to teach under state law at <https://tcert.alsde.edu/Portal/Public>.

The Educator Certification Section is unable to determine eligibility for a Substitute License until this completed application, the required \$30.00 nonrefundable fee, and background clearance have been received.

An individual holding a valid substitute license may serve as a substitute teacher in any Alabama school system.

I. 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.)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code				
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
Cell Telephone	Home Telephone	Work Telephone	E-mail Address						
()	()	()	<input type="text"/>						
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%; vertical-align:top;"> Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino </td> <td style="width:50%; vertical-align:top;"> 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> <tr> <td colspan="2"> Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male </td> </tr> </table>				Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	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	Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	
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Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male									
<input type="text"/>	<input type="text"/>								

II. RECORD OF EDUCATION

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

III. DECLARATION

A. CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)

- Yes No I declare that I am a citizen of the United States; **OR**
 Yes No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

B. SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL (Per Alabama Act No. 2012-533)

This section is to be completed for spouses of military personnel who would like to request an expedited review of the certification application packet.

Yes No I am married to and living with an active duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders.

PERSONAL DATA OF THE ACTIVE DUTY MEMBER OF THE UNITED STATES ARMED FORCES:

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number		Date of Birth (mm-dd-yyyy)			
<input type="text"/>		<input type="text"/>			

I understand that this request to review my file on an expedited basis does not exclude me from meeting ANY Alabama educator certification requirements, including testing.

C. 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).

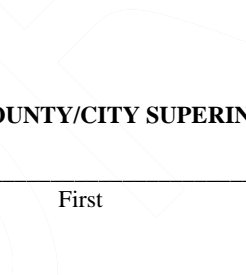
READ CAREFULLY

- 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 that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. 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

IV. TO BE COMPLETED BY THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC SCHOOL ADMINISTRATOR:

I am requesting this Substitute License for _____

First Middle/Maiden Last

School System/Nonpublic School

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 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 a background clearance.

Signature of Superintendent/Nonpublic School Administrator

Typed or Printed Name

Telephone Number Date