



**STATE OF ALABAMA
DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION OFFICE
5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101**

Telephone: (334) 353-8567 E-mail: tcert@alsde.edu

APPLICATION FOR A SUBSTITUTE TEACHER'S LICENSE

A **\$30.00 nonrefundable** application fee is required for issuance of a certificate. Payment may be submitted in the form of a **cashier's check or money order** made payable to the Alabama Department of Education. Application fees may also be paid through the Alabama Department of Education Teacher Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education. A \$4.00 transaction fee will be applied. A copy of the receipt verifying the confirmation number and fee(s) paid online must be included with the application packet.

Applicants for initial certification, additional certification, upgrades, and renewals who have not been cleared by both the Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) through the Teacher Certification Office are required to be fingerprinted for a criminal history background check through the ABI and FBI. Instructions regarding the fingerprinting process through Cogent Systems may be obtained at www.cogentid.com/AL or by calling (866) 989-9316 (toll free). If an individual holds a valid Substitute Teacher's License requested by any school system in Alabama, an additional one cannot be issued until the year of the expiration of the current license.

I. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Applicant:

Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Mailing Address:

Street/Apt./P.O. Box/Route and Box City State ZIP Code

E-mail address:

FOR STATISTICAL PURPOSES ONLY	
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

Social Security Number Date of Birth (month/day/year)

Home Telephone Work Telephone

Cell Telephone

II. RECORD OF EDUCATION (Documentation of graduation from high school or the completion of the equivalent of a high school program will be kept on file by the employing county/city superintendent or the administrator of a nonpublic school.):

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

III. I PREVIOUSLY HELD PROFESSIONAL CERTIFICATION IN ALABAMA: Yes No

IV. 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 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 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 certify that all information pertaining to this application form is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NONISSUANCE OF YOUR CERTIFICATE.

Date

Signature of Applicant

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

This request is being made for the scholastic year beginning July 1, 20____.

In making this application for a Substitute Teacher's License for use in the schools of Alabama, I understand that this license cannot be used as the basis for employing a full-time teacher and that the Substitute Teacher's License will not be issued until the applicant has received a background clearance.

I have verification of graduation from high school or the completion of an Alabama Department of Education approved equivalent on file for the above applicant.

Signature of Superintendent/Nonpublic School Administrator

School System/Nonpublic School

Typed or Printed Name

Mailing Address

Telephone Number Date

City State ZIP Code