



STATE OF ALABAMA
DEPARTMENT OF EDUCATION
TEACHER EDUCATION AND CERTIFICATION OFFICE
 5215 GORDON PERSONS BUILDING
 POST OFFICE BOX 302101
 MONTGOMERY, AL 36130-2101
 Telephone: (334) 353-8567 Fax: (334) 242-9998 E-mail: tcert@alsde.edu

APPLICATION FOR A SUBSTITUTE TEACHER'S LICENSE

The issuance of the Substitute Teacher's License requires a nonrefundable fee of \$30 (in the form of a **cashier's check or money order** made payable to the Alabama Department of Education.) The application fee may also be paid through the Alabama Department of Education Teacher Certification Online Payment System, at www.alabamainteractive.org/education. A transaction fee will be applied. **A copy of the receipt verifying the confirmation number and fee(s) paid must be included with this application.** 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. Applicants for an Alabama Substitute Teacher's License who have not been cleared by the Alabama Bureau of Investigation (ABI) and the Federal Bureau of Investigation (FBI) through the Teacher Education and Certification Office are required to be fingerprinted for a criminal history background check through the ABI and FBI. Instructions regarding the fingerprint process may be obtained at www.cogentid.com/AL or by calling (866) 989-9316 (toll free).

I. To be completed by the applicant:

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 _____

 Social Security Number _____ Date of Birth (Month/Day/Year) _____

 Home Telephone Number _____ Work Telephone Number _____

 Cell Telephone Number _____

FOR STATISTICAL PURPOSES ONLY			
Race (check one):	___ (01) White	___ (04) American Indian	
	___ (02) Black	___ (05) Asian	
	___ (03) Hispanic	___ (06) Other	
Sex (check one):	___ (F) Female	___ (M) Male	

I previously held professional certification in Alabama. Yes No

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 superintendent or headmaster.

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATE(S) ATTENDED	DIPLOMA/DEGREE

III. Check Yes or No for each question below: (READ CAREFULLY)

- Yes No Have you ever had a teacher's certificate/license revoked, suspended, or denied; or have you voluntarily relinquished a certificate/license (allowing a certificate to expire does not apply)? If you are applying from out of state and you answer "yes," no action will be taken on your application until the certificate/license has been reinstated by the originating state.
- Yes No Is there any action pending against your certificate/license or application in another state? If "yes," name the state and/or issuing authority and explain the circumstances. Attach additional sheet if necessary. _____
- 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? If you answer "yes," please provide details of conviction, including date and place of conviction, and submit court-certified copies of the judgment, conviction, and sentencing. A "yes" answer will not automatically result in a nonissuance but may result in a request for additional information. Attach additional sheet if necessary. _____

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

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

_____ Date _____ Signature of Applicant

IV. To be completed by the superintendent: 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 the equivalent of a high school program on file for the above applicant.

 Signature of Superintendent or Headmaster _____ County/City System or Nonpublic School _____

 Address _____

 City _____ State _____ ZIP Code _____