

*Form CTF*

**Application for Certificate Renewal (**CONTINUATION**) of:  
Professional Educator Certificates  
Professional Leadership Certificates  
Renewable Career and Technical Certificates  
Class A Speech-Language Pathology Professional Educator Certificates**

**To continue a certificate is to update the certificate without allowing it to lapse.**



**Alabama State Department of Education**  
*Educator Certification Section*

**5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101**

**Telephone: (334) 694-4557**

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The Alabama State Board of Education and the Alabama State Department of Education do not discriminate on the basis of race, color, disability, sex, religion, national origin, or age in their programs, activities, or employment and provide equal access to the Boy Scouts and other designated youth groups. The following person is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: [pss@alsde.edu](mailto:pss@alsde.edu)

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TYPE OR USE BLACK INK WHEN COMPLETING THIS FORM.**

**PERSONAL DATA** (To be completed by the applicant. *\*REQUIRED FIELDS*):

Title (e.g., Mr.)	*First	*Middle	Maiden	*Last	Suffix
*Street/Apt./P.O. Box/Route and Box			*City	*State	*ZIP Code
*Cell Telephone		Home Telephone		Work Telephone	
( )		( )		( )	
*Social Security Number		ALSDE ID		*Date of Birth (mm-dd-yyyy)	
*E-mail Address					

**FOR STATISTICAL PURPOSES ONLY**

<b>Gender</b> (Choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	<b>Ethnic Origin</b> (Choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	<b>Race</b> (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
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**SPOUSE OF OR ACTIVE-DUTY MILITARY PERSONNEL**

(Per Alabama Act No. 2012-533) This section is to be completed for spouses of active-duty military personnel or active-duty 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.

**OR**

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

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

**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 (\*REQUIRED FIELDS)**

- 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?

*This option can only be used for the following Alabama certificates:*

- **Professional Educator Certificates,**
- **Professional Leadership Certificates,**
- **Class A Speech-Language Pathology Professional Educator Certificates,**
- **Type II or III Career and Technical Certificate** endorsed in technical education and/or a technical education program area or health science,
- **Level 2, 3, 4, or 5 Career and Technical Certificate** endorsed in technical education and/or a technical education program area,
- **Level 4 or 5 Career and Technical Certificate** endorsed in health science,
- **Specialty Area 2, 3, 4, or 5 Career and Technical Certificate** endorsed in technical education and/or a technical education program area or health science,
- **Degree Equivalent 2, 3, 4, or 5 Career and Technical Certificate** endorsed in a technical education program area, **or**
- **Degree Equivalent 2, 3, or 4 Career and Technical Certificate** endorsed in health science.

### APPLICATION REQUIREMENTS and CHECKLIST

To continue an Alabama certificate listed above, an application packet must include the items listed below.

<input type="checkbox"/>	Supplement CIT with <u>supporting documentation</u> verifying United States citizenship or lawful presence in the United States.
<input type="checkbox"/>	Form CTF.
<input type="checkbox"/>	A \$30.00 <i>nonrefundable</i> application fee. <b>Neither personal checks nor cash will be accepted.</b>
	<ul style="list-style-type: none"> <li>• The fee must be paid by cashier's check <b>or</b> 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 <a href="http://www.alabamainteractive.org/education">www.alabamainteractive.org/education</a> (a \$4.00 transaction fee will be applied).</li> <li>• The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet.</li> </ul>
<input type="checkbox"/>	Background clearance based on a fingerprint review.
	<ul style="list-style-type: none"> <li>• Applicants <b>who have not been cleared</b> by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI.</li> <li>• Applicants may <b>verify</b> whether criminal history background checks have been completed and whether they are suitable and fit to teach under state law at <a href="https://tcert.alsde.edu/Portal">https://tcert.alsde.edu/Portal</a>.</li> <li>• Instructions regarding the fingerprint process are available through Gemalto Cogent at <a href="https://www.aps.gemalto.com/al/index_adeNew.htm">https://www.aps.gemalto.com/al/index_adeNew.htm</a> or by calling (866) 989-9316.</li> </ul>
<input type="checkbox"/>	For <b>Computer Science</b> : A currently valid passing score(s)/license(s) on an available ALSDE approved <b>ENTRY LEVEL</b> or <b>MASTER LEVEL</b> occupational proficiency assessment. The current occupational proficiency requirements may be obtained at <a href="http://www.alabamaachieves.org">www.alabamaachieves.org</a> (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ CAREER/TECHNICAL CERTIFICATES – TECHNICAL EDUCATION). The score(s) must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
<input type="checkbox"/>	For <b>Cosmetology</b> : A photocopy of the applicant's <b>currently valid</b> Alabama Cosmetology Instructor license. The <b>currently active</b> license must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
<input type="checkbox"/>	For <b>Health Science</b> : A photocopy of the applicant's <b>currently active</b> Alabama license in a registered nursing, paramedical, or approved allied health specialty. The <b>currently active</b> license must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section.
<input type="checkbox"/>	For <b>Class A Speech-Language Pathology Professional Educator Certificates</b> : Verification of a valid Speech-Language Pathology License issued by a state's speech-language pathology licensing board/agency (e.g., Alabama Board of Examiners for Speech-Language Pathology & Audiology) by submission of: <ul style="list-style-type: none"> <li><input type="checkbox"/> A photocopy of the <b>valid</b> license; <b>OR</b></li> <li><input type="checkbox"/> A photocopy of the renewal card verifying the <b>valid</b> license; <b>OR</b></li> <li><input type="checkbox"/> A screenshot from the web site of the state's speech-language pathology licensing board/agency verifying the <b>valid</b> license.</li> </ul>

**APPLICATION SUBMISSION and ATTESTATIONS**

I understand that **APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

**I understand this option to continue without meeting any academic requirements can only be used this one time.** As a professional educator certified by the Alabama State Department of Education, it is my responsibility to prevent renewable certificate(s) from expiring by meeting all continuation requirements during the valid period of the certificate.

**I understand certificates cannot be continued prior to the calendar year of their expiration.**

I understand the application to continue a certificate must be received in the Educator Certification Section of the ALSDE **between January 1 and June 30 of the calendar year of the certificate's expiration or mailed to the Educator Certification Section with a postmarked date of no later than June 30 of the calendar year of the certificate's expiration date.**

I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.

By affixing my signature to this document, I am certifying all information pertaining to this application form is true and correct and failure to submit accurate information may result in revocation or non-issuance of my certificate.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

I have completed the following documents, and I am mailing them to the address below:

- Supplement CIT, including supporting documentation
- Form CTF, including any supporting documentation
- Money order, cashier's check, or receipt verifying online payment of \$30.00 application fee

**All documentation must be mailed to the following address:**

Alabama State Department of Education  
 Educator Certification Section  
 5215 Gordon Persons Building  
 Post Office Box 302101  
 Montgomery, AL 36130-2101

During this time, the ALSDE will be updating educator certification renewal processes to align with Alabama laws. This option will no longer be available July 1, 2023. New renewal requirements for all will be outlined after this date.