



SUPPLEMENT NA1
Recommendation for Certification by the Alabama College/University

Supplement NA1 is to be completed and submitted by the recommending Alabama college/university directly to the Educator Certification Section.

The application (Form NAL), personal data barcode page, application fee(s), official transcript(s), **SDE approved checklist(s)**, and any other appropriate documentation to support this recommendation must accompany this Supplement NA1. If experience was required for admission to the program which leads to the recommended certificate(s) or if experience is required for issuance of the recommended certificate(s), verification must be submitted on Supplement EXP.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____

STATE-APPROVED EDUCATOR PREPARATION PROGRAM INFORMATION

Class B State-Approved Educator Preparation Program	Date of Unconditional Admission to the Program* <i>(month/day/year)</i>	Professional Studies GPA	Teaching Field GPA	Overall Degree GPA**	Program Completion Date <i>(month/day/year)</i>
<input type="checkbox"/> Traditional Program <input type="checkbox"/> Innovative Program					

Alternative Class A State-Approved Educator Preparation Program	Date of Unconditional Admission to the Program* <i>(month/day/year)</i>	Admission Degree GPA**	Basis of Unconditional Admission	Approved- Program GPA	Program Completion Date <i>(month/day/year)</i>
<input type="checkbox"/> Alternative Class A Program <input type="checkbox"/> Innovative Program			<input type="checkbox"/> 4x12 <input type="checkbox"/> 32/19 <input type="checkbox"/> Academic Major <input type="checkbox"/> Praxis Subject Assessment		

Traditional Class A State-Approved Educator Preparation Program	Date of Unconditional Admission to the Program* <i>(month/day/year)</i>	Prerequisite Certificate Held	Date of Prerequisite Certificate Issuance <i>(month/day/year)</i>	Approved- Program GPA	Comprehensive Exam Date School Psychometry and Sport Management <i>(month/day/year)</i>	Program Completion Date <i>(month/day/year)</i>
<input type="checkbox"/> Traditional Program <input type="checkbox"/> Innovative Program						

Class AA State-Approved Educator Preparation Program	Date of Unconditional Admission to the Program* <i>(month/day/year)</i>	Prerequisite Certificate Held	Date of Prerequisite Certificate Issuance <i>(month/day/year)</i>	Approved- Program GPA	Program Completion Date <i>(month/day/year)</i>
<input type="checkbox"/> Traditional Program <input type="checkbox"/> Innovative Program					

*Date that SDE requirements were met.

** Most comprehensive degree GPA posted on the transcript.

INTERNSHIP PLACEMENT

School Placement	Grade Placement	Name of Cooperating Teacher (First Name, Last Name)	TCH Number of Cooperating Teacher (if accessible)

Applicant's Name: _____

Social Security Number: _____ - _____ - _____

RECOMMENDATION FOR CERTIFICATION BY THE AUTHORIZED CERTIFICATION OFFICIAL

Teaching Field/ Area of Instructional Support	Grade Level	Level of State-Approved Educator Preparation Program
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist
	<input type="checkbox"/> P-3 <input type="checkbox"/> K-6 <input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12 <input type="checkbox"/> P-12	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Education Specialist

In making this recommendation, I certify that the applicant has completed the State-approved educator preparation program at this institution which leads to the certificates recommended, has met all regulations as prescribed in the Educator Preparation Chapter of the *Alabama Administrative Code*, and has been made aware of or has completed requirements of the AECAP, if required.

Recommendation is to be signed by the Dean, for an applicant who earned a bachelor's degree from a non-regionally accredited institution and has completed an Alternative Class A State-approved educator preparation program.

Signature of Dean or Authorized Certification Official

Name of Institution

Typed or Printed Name

Date