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[www.alabamaachieves.org/](http://www.alabamaachieves.org/)

**SUPPLEMENT VER**

This form is used to provide official verification of the advanced degree level of a state-approved, District of Columbia-approved, or U.S. Territory-approved educator preparation program for grades P-12. It is to be completed by the dean or certification official of the college of education at the senior institution of higher education in another state, the District of Columbia, or a U.S. Territory where the program was completed.

**I. Personal Data: (TO BE COMPLETED BY APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
( )	( )	( )	<input style="width:100%;" type="text"/>		
Social Security Number	Date of Birth (m/d/yy)				
- -	/ /				

NAME OF COLLEGE OR UNIVERSITY COMPLETING THIS FORM	LOCATION	DATES ATTENDED	DEGREE AND/OR MAJOR OF P-12 EDUCATOR PREPARATION PROGRAM COMPLETED
<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>

I hereby permit the release of information concerning my program(s) to the Superintendent of Education, State of Alabama.

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

**II. Verification Data: TO BE COMPLETED BY THE DEAN OR AUTHORIZED CERTIFICATION OFFICIAL OF THE COLLEGE OF EDUCATION AT THE INSTITUTION WHERE THE PROGRAM WAS COMPLETED.**

- A. At the time of this individual's matriculation, this institution \_\_\_\_\_ was / \_\_\_\_\_ was not regionally accredited.
- B. This individual **COMPLETED** a \_\_\_\_\_ approved P-12 educator preparation program  
*(state, District of Columbia, U.S. Territory)*  
at the \_\_\_\_\_ master's level / \_\_\_\_\_ sixth-year or Ed.S. level / \_\_\_\_\_ doctoral level on \_\_\_\_\_.  
*(date)*

*(PLEASE INDICATE THE AREA(S) AND GRADE LEVEL(S) OF THE APPROVED PROGRAM(S) ON THE REVERSE SIDE)*

OR

- C. \_\_\_\_\_ This individual **DID NOT COMPLETE** a \_\_\_\_\_-approved P-12 educator preparation program at this institution.  
*(state, District of Columbia, U.S. Territory)*

Signature of Dean of Education or Authorized Certification Official	Name of Institution
Typed or Printed Name	Mailing Address
Title	City/State/ZIP Code
Telephone	Date

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

Social Security Number: \_\_\_\_\_

Please check the **MAJOR** area in which the program was completed and indicate the teaching field(s), if required, and the grade range covered by the program.

**Teaching Field(s)**

**Grade Range of Applicant's Program  
(P-12, 6-12, 4-8, etc.)**

Early Childhood Education

\_\_\_\_\_

Elementary Education

\_\_\_\_\_

Middle School Education

\_\_\_\_\_

\_\_\_\_\_ Generalist (includes English language arts, mathematics, science, and social science)

**OR**

\_\_\_\_\_ Specific Teaching Field(s):

\_\_\_\_\_ Major Teaching Field(s)

Secondary Education

\_\_\_\_\_ Major Teaching Field(s)

Elementary-Secondary Education

\_\_\_\_\_

\_\_\_\_\_ Major Teaching Field(s)

**SPECIAL EDUCATION** (If the transcript major indicates a combined form of special education, please check each exceptionality included.)

Early Childhood Special Education

\_\_\_\_\_

Emotional Disturbance

\_\_\_\_\_

Gifted

\_\_\_\_\_

Hearing Impairment

\_\_\_\_\_

Mental Retardation

\_\_\_\_\_

Mild Learning / Behavior Disabilities\*

\_\_\_\_\_

Multiple Disabilities

\_\_\_\_\_

Orthopedic & Other Health Impairment

\_\_\_\_\_

Specific Learning Disability

\_\_\_\_\_

Speech or Language Impairment

\_\_\_\_\_

Visual Impairment

\_\_\_\_\_

Collaborative Teacher\*\*

\_\_\_\_\_

\*includes emotional disturbance, mental retardation, and specific learning disability

\*\*includes emotional disturbance, mental retardation, specific learning disability, multiple disabilities, and orthopedic and other health impairment

**INSTRUCTIONAL SUPPORT AREAS**

Principal, Early Childhood / Elementary

\_\_\_\_\_

Principal, High School

\_\_\_\_\_

Principal, All Grades

\_\_\_\_\_

Superintendent

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Library Media Specialist

\_\_\_\_\_

School Counselor

\_\_\_\_\_

School Psychometrist

\_\_\_\_\_

School Psychologist

\_\_\_\_\_

Career and Technical Administrator

\_\_\_\_\_

Educational Administrator\*\*\*

\_\_\_\_\_

\*\*\*includes principal, superintendent, supervisor, and vocational administrator

**THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT, WHICH MUST BE MAILED TO THE TEACHER CERTIFICATION SECTION AT THE ADDRESS ON THE TOP OF PAGE ONE.  
(FORMS ARE NOT ACCEPTED BY FAX OR EMAIL)**