Supplement EXP Submission Instructions

Section I – Completed by the applicant.

Section II – Check “Other” and write “Admission to the M.Ed. School Counseling, Library Media, or Instructional Leadership program.”

Section III – Completed by the School System, Nonpublic School, College/University, or Association.

Section IV – Does not have to be completed for admission purposes.

Section V – Form must be signed by one of the people listed on the form. Note, only a College/University Human Resources/Payroll Officer may sign the form, not a LEA Human Resources/Payroll Officer. It must also include a notary signature and seal or the business card of the authorized official.*

*One Supplement EXP form per School System.

The completed form should be returned to the address below:

UWA Certification Office
Station #8
Livingston, Alabama 35470

Questions regarding Supplement EXP form can be sent to certification@uwa.edu.
SUPPLEMENT EXP

This supplement is to be completed for verification of professional educational work experience and/or for verification of clock hours of professional development.

**Professional educational work experience** is full-time educational employment in:
- A state or local public school;
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- State Departments of Education;
- An educational association;
- A college/university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic school;
- An Alabama charter school (grades P-12); OR
- A nonpublic school or charter school outside of Alabama (grades P-12) that was accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with Supplement EXP.

Experience as a graduate assistant, intern, student teacher, or in positions such as aide, clerical worker, or substitute teacher will **NOT** be considered.

For **certificate renewal**, professional educational work experience in increments of less than one semester (4.5 months) or less than 20 hours per week will **not** be calculated toward full-time experience.

For **certificate issuance**, in an instructional support area (library-media, school counseling, administration and/or supervision, etc.), professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required.

For **meeting testing requirements through the certificate reciprocity approach**, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required and must have been earned within ten years prior to applying for Alabama certification.

**Clock hours of professional development** earned and applied toward renewal must be:
- Consistent with the Alabama Standards for Professional Development found at www.alsde.edu/EdCert (click Certificate Renewal ➝ Professional Educator);
- Based on the individual’s professional growth needs as identified through performance evaluations, if employed; and
- Related to professional education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals, and evaluation of the activity.

For additional information and rules regarding certification requirements, which all applicants are responsible for meeting, please refer to the appropriate summary sheet(s) and the Alabama Administrative Code rules at www.alsde.edu/EdCert. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL**

## I. PERSONAL DATA: TO BE COMPLETED BY THE APPLICANT, TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

<table>
<thead>
<tr>
<th>Title (e.g., Mr.)</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
<th>Suffix (e.g., Jr.)</th>
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**Cell Telephone** **Home Telephone** **Work Telephone** **E-mail Address**

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<tr>
<th>Social Security Number</th>
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## II. PURPOSE OF SUBMISSION: TO BE COMPLETED BY THE APPLICANT

- Certificate Renewal
- Meeting testing requirements **through the certificate reciprocity approach**.
- Issuance of a ____________________________ certificate.
- Superintendent election in ____________________________ County.
- Other ____________________________
III. EMPLOYMENT INFORMATION

<p>| Name of School System, Nonpublic School, College/University, or Association |</p>
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<tr>
<th>From: Month/Day/Year</th>
<th>To: Month/Day/Year</th>
<th>Specific Grade(s) Taught</th>
<th>Specific Subject Area(s)</th>
<th>Position(s) Held</th>
<th>Full Time / Part Time</th>
<th>If Part-Time, List Hours per Week</th>
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IV. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:

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<tr>
<th>Specific Professional Development Activity</th>
<th>Beginning Month/Day/Year</th>
<th>Ending Month/Day/Year</th>
<th>Number of Clock/Contact Hours</th>
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Total Clock/Contact Hours of Professional Development: __________

V. I certify that all of the above information pertaining to this individual is true and correct:

A notary seal must be affixed to this form or the business card of the authorized official must be attached.

[signature]

Sworn to and subscribed before me this _____ day of

_________________________________________, __________
Typed or Printed Name

Seal and Signature of Notary Public

My Commission Expires: __________