

Alabama State Department of Education
 Educator Certification Section

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

Telephone: (334) 694-4557
www.alsde.edu/EdCert



SUPPLEMENT RCR

This supplement is used to verify whether coursework completed at a regionally accredited senior institution was *or* was not part of a State/state-approved P-12 educator preparation program.

One of the options that may be applied toward the renewal of an Alabama Professional Educator Certificate (in an area other than administration and supervision) is allowable coursework. Allowable coursework must be at the appropriate degree level *AND* must be either part of a State/state-approved P-12 educator preparation program *or* must be usable as an elective in a State/state-approved P-12 educator preparation program. Additional certificate renewal information may be obtained at www.alsde.edu/EdCert (click on the appropriate *Certificate Renewal* folder).

Note: Continuing education/professional development courses do not meet allowable coursework requirements.

I. Personal Data: (TO BE COMPLETED BY THE 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:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
(<input style="width:20%;" type="text"/>) <input style="width:60%;" type="text"/>	(<input style="width:20%;" type="text"/>) <input style="width:60%;" type="text"/>	(<input style="width:20%;" type="text"/>) <input style="width:60%;" type="text"/>	<input style="width:95%;" type="text"/>		
Social Security Number	Date of Birth (mm/dd/yyyy)				
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>				

II. Coursework Verification Request: (TO BE COMPLETED BY APPLICANT.)

I request that the Dean or Certification Official of _____ verify that the course(s) listed below are in a State/state-approved P-12 educator preparation program *or* can be used as an elective in a State/state-approved P-12 educator preparation program at this institution.

Name of College or University

COURSE (Prefix & Number)	COURSE TITLE	DATE OF COURSE COMPLETION

Official transcripts verifying credit earned must be submitted to the Educator Certification Section in addition to Supplement RCR.

I hereby permit the release of information concerning the coursework that I completed to the:

- Superintendent of Education, State of Alabama, or
- Alabama school system named on page two of this form.

_____ Date

_____ Signature of Applicant

III. Verification Data: (TO BE COMPLETED BY THE DEAN OR CERTIFICATION OFFICIAL IN THE COLLEGE OF EDUCATION.)

Please verify the following information for coursework that the applicant has listed on page one of Supplement RCR. Each course must be listed separately. Additional information may be attached.

COURSE (Prefix & Number)	COURSE TITLE	STATE-APPROVED PROGRAM (select ONE)
		<input type="checkbox"/> Yes , this course is in a State/state-approved P-12 educator preparation program <i>or</i> can be used as an elective in a State/state-approved P-12 educator preparation program. <input type="checkbox"/> No , this course is not in a State/state-approved P-12 educator preparation program <i>and</i> cannot be used as an elective in a State/state-approved P-12 educator preparation program.
		<input type="checkbox"/> Yes , this course is in a State/state-approved P-12 educator preparation program <i>or</i> can be used as an elective in a State/state-approved P-12 educator preparation program. <input type="checkbox"/> No , this course is not in a State/state-approved P-12 educator preparation program <i>and</i> cannot be used as an elective in a State/state-approved P-12 educator preparation program.
		<input type="checkbox"/> Yes , this course is in a State/state-approved P-12 educator preparation program <i>or</i> can be used as an elective in a State/state-approved P-12 educator preparation program. <input type="checkbox"/> No , this course is not in a State/state-approved P-12 educator preparation program <i>and</i> cannot be used as an elective in a State/state-approved P-12 educator preparation program.

At the time the verified coursework was completed, this institution ____ **was OR** ____ **was not** regionally accredited.

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

THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT OR THE BUSINESS CARD OF THE AUTHORIZED OFFICIAL MUST BE ATTACHED.

DO NOT RETURN THIS FORM TO THE APPLICANT.
 FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE.

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

AT THE APPLICANT’S REQUEST, THIS FORM MAY BE FORWARDED TO AN ALABAMA SCHOOL SYSTEM.

PLEASE FORWARD THIS FORM TO THE FOLLOWING ALABAMA SCHOOL SYSTEM:

Name of Alabama School System

Address

City/State/Zip Code