

Overview of Alabama Testing Requirements

Alabama's testing program has been adopted by the Alabama State Board of Education.

Effective September 1, 2012, the title of Alabama's testing program was changed from Alabama Prospective Teacher Testing Program (APPTP) to Alabama Educator Certification Testing Program (AECTP). The AECTP consists of the basic skills assessments and Praxis II® tests (content knowledge and pedagogical knowledge).

All applicants seeking certification in Alabama, as well as those reinstating an Alabama certificate that has lapsed for more than six months, must successfully complete the AECTP test requirements.

The basic skills assessments measure fundamental skills all prospective educators must possess in the areas of Mathematics, Reading, and Writing. These assessments are administered as part of the ACT WorkKeys System.

Choose from one of the certification approaches to the left for specific testing requirements.

Visit the Alabama Department of Education's (ALSDE) website for specific information about the Alabama certification approaches. All applicants should review the summary sheet entitled General Information to begin the Alabama certification process.

Important Information

Alabama requires your complete and accurate Social Security number (SSN) to process educator certification paperwork. ETS does not require your SSN for its own purposes, but will submit it to Alabama with your test results. Submitting your registration without your complete and accurate SSN will delay processing of your Alabama certification application.

If you test in Alabama, your score report will be sent automatically to the Alabama State Department of Education. If you test outside of Alabama, select the Alabama State Department of Education (state code 7020) as a score recipient when you register or on an additional score report request.

Alabama requires official electronic score reports directly from ETS. Alabama does not accept paper score reports. All scores for current and discontinued tests are only reportable by ETS for 10 years from the date the test was taken.

Beginning with the 2013–14 testing year, ETS is administering a new version of the Health Education test. This new test will be offered in a computer-delivered format and the new test code will be 5551. The new test covers the same content as the previous test. However, scores are reported on a different scale, so requirements will vary from previous versions. All scores for discontinued tests are reportable for 10 years from the date the test was taken.

ETS is offering several tests in a computer-delivered format that will be introduced throughout the testing year. Visit Test Centers and Dates to find testing centers near you. The computer-delivered versions cover the same content as the paper-delivered versions and are scored on the same scale; however, the computer-delivered tests have different test codes.

For more information on becoming a certified teacher in the state of Alabama, please visit www.alsde.edu, or call the Alabama Teacher Education and Certification Department at (334)353-8567.

TALLADEGA CITY BOARD OF EDUCATION
Office of the Superintendent
501 South St. East
P.O. Box 946
Talladega, Alabama 35161
Phone (256) 315-5600 Fax (256) 315-5606

LETTER OF UNDERSTANDING CONCERNING TEMPORARY EMPLOYMENT

Pursuant to *Code of Alabama 1975*, Section 16-22 A-5, I understand that a determination has been made by this school system that due to exigent circumstances, the position(s) for which I am applying must be filled on a temporary basis.

I also understand that the law of Alabama requires that a criminal history information background check be conducted on all applicants who may have unsupervised access to a child prior to employment with a public county or city school system. I acknowledge that if I am offered the position it will be offered to me on a temporary basis and that my continued employment is conditioned upon a suitability determination that will be made upon receipt of the completed criminal history background check. If I am determined to be unsuitable for further employment, I understand that I will be released from this temporary position at that time without recourse against the employing school system.

I have read and understand and agree to accept this temporary position, if offered, under the conditions stated above.

Date

Applicant's Signature

TALLADEGA CITY BOARD OF EDUCATION
Office of the Superintendent
501 South St. East
Talladega, Alabama 35160
Phone (256) 315-5600 Fax (256) 315-5606

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City Board of Education of Talladega, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by, or against me, and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City Board of Education of Talladega.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Sworn to and subscribed before me this

_____ day of _____, 20____

Full Name (Include Maiden Name)

Notary Public

Signature

Commission Expires

Address

City - State - Zip Code

Telephone Number

Social Security Number - Date of Birth

Mission: We will educate and develop individuals to their fullest potential to become life-long learners who are successful, responsible, and productive members of a global society.

TALLADEGA CITY BOARD OF EDUCATION
P. O. Box 946 • 501 South Street East • Talladega, Alabama 35161
Phone (256) 315-5600 FAX (256) 315-5606

Date of Application _____ Date Available for Employment _____

I. GENERAL INFORMATION

1. In order for us to consider your application for employment, we **MUST** have the information requested.
2. **PRINT** or type all information *except* No. 11. Please hand write "Why Did You Choose Education As A Career?"
3. Copies of transcripts must be submitted with the initial application.
However, **official** transcripts are **REQUIRED** prior to signing a contract for employment.
4. You **MUST** sign the application (see last page).

MR. MS. DR. _____
LAST NAME FIRST MIDDLE

PRESENT ADDRESS _____
STREET
CITY STATE ZIP CODE () PHONE

PERMANENT ADDRESS _____
(if different from above) STREET
CITY STATE ZIP CODE () PHONE

SOCIAL SECURITY NUMBER xxx-xx-_____ (last 4 digits only) Are you a citizen of the U.S.A.? YES NO

II. POSITION DESIRED

- Early Childhood (Grades: _____) Counselor (Grades: _____)
- Elementary (Grades: _____) Media Specialist (Grades: _____)
- Secondary (Grades: _____) Administration (Specify: _____)
- Special Education (Areas: _____)
- Other: (_____)

The Talladega City Board of Education is a drug-free workplace and an equal opportunity employer and does not discriminate in employment on the basis of age, gender, race, religion, national origin, creed, or physical disability.

III. TEACHING EXPERIENCE:

Report in chronological order, beginning with most recent position, all full-time teaching and administrative experience including teaching in accredited colleges. Report work as a substitute teacher under "Other Work Experience". Continuous experience in one school should be reported on one line.

SCHOOL NAME	SYSTEM NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)	DATES FROM / TO	TEACHING / JOB ASSIGNMENT	SUPERVISOR

IV. MILITARY SERVICE:

BRANCH OF SERVICE	DATES FROM / TO	HIGHEST RANK	TYPE OF DISCHARGE

V. OTHER WORK EXPERIENCE:

EMPLOYER	JOB TITLE	ADDRESS	DATES FROM / TO	SUPERVISOR

VI. EDUCATION:

NAME OF SCHOOL	CITY / STATE	DATES FROM / TO	CREDIT OR DEGREE	MAJOR SUBJECT
HIGH SCHOOL				
COLLEGE *				
OTHER EDUCATION				

* Official transcripts required prior to signing a contract.

VII. STUDENT TEACHING: Will you complete or have you completed student teaching? YES NO

SCHOOL NAME AND ADDRESS	DATES FROM / TO	SUBJECT OR GRADE LEVEL	NAME OF SUPERVISING TEACHER

VIII. CERTIFICATION:

1. Do you presently hold a valid Alabama teaching certificate? YES NO

TYPE	FIELD	EXPIRATION DATE	CERTIFICATE NUMBER	ENDORSEMENT

2. If no, have you applied for an Alabama teaching certificate? YES NO

DATE APPLIED	FIELD

3. Do you presently hold or have you ever held a teaching certificate from another state? YES NO

TYPE	FIELD	EXPIRATION DATE	CERTIFICATE NUMBER

IX. PERSONAL AND PROFESSIONAL DATA:

1. State reason for leaving your last teaching or administrative position: _____

2. Have you taught sufficient years in any other Alabama public school system so as to acquire "tenure" under Alabama Law?

YES NO If yes, list the name(s) of the school system(s) and dates of employment:

3. In the last twelve months, how many days were you absent from work? _____

Reason: _____

4. Are you presently under contract with any other school system? YES NO If yes, name system, location and date contract expires: _____

5. List professional clubs or organizations of which you are a member (you may exclude those of a racial or religious nature): _____

6. Check any of the following which you are qualified and willing to direct or coach:
- | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Band | <input type="checkbox"/> Chorus | <input type="checkbox"/> Football | <input type="checkbox"/> School Newspaper | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Clubs | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheerleading Sponsor | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Softball | <input type="checkbox"/> Other (list below) |

If you answer yes to any of the following questions you must attach an explanation.

9. HAVE YOU EVER? (each question must be answered):
- | | | |
|--|------------------------------|-----------------------------|
| A. Failed to have a contract renewed with a school system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. Broken a contract with a school system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. Been dismissed from employment with a school system or asked to resign? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. Had a teaching credential denied, revoked or suspended in any state? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. Pled guilty or been convicted of a felony or misdemeanor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (A conviction record would not necessarily be a bar to employment.) | | |
| F. Received an unsatisfactory performance evaluation from an employer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

X. REFERENCES:

Do you have a placement file? YES NO

You must request that your placement file be forwarded to this office if you are a beginning teacher. *

Persons listed as a references should be qualified to answer questions concerning your qualifications for the position you seek.

Include principals and supervisors under whom you have taught. (If you are a beginning teacher include cooperating teacher, college supervisor, and/or major professors.)

* PLEASE INCLUDE REFERENCES EVEN IF YOU HAVE A PLACEMENT FILE.

COMPLETE ADDRESSES ARE REQUIRED INCLUDING ZIP CODES — PLEASE PRINT OR TYPE REFERENCES.

REFERENCE		PROFESSIONAL ADDRESS AND PHONE NUMBERS	
NAME	SCHOOL OR LOCATION	AREA CODE / TELEPHONE ()	
POSITION	STREET ADDRESS	CITY / STATE / ZIP CODE	
NAME	SCHOOL OR LOCATION	AREA CODE / TELEPHONE ()	
POSITION	STREET ADDRESS	CITY / STATE / ZIP CODE	

XI. WHY DID YOU CHOOSE EDUCATION AS A CAREER?

Please use your own handwriting

By filing applications for employment with the Talladega City Board of Education, I authorize full investigation of the information given in this application and consent to the representatives of the Talladega City Board of Education contacting my references, previous employers, physicians, hospitals, schools attended, Department of Human Resources for child abuse, court officials, and law enforcement authorities. If employed, I agree to abide by all policies as set forth by the Talladega City Board of Education. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

This application, transcript, references, and other data are the property of the Talladega City Board of Education and will not be returned to the applicant.

Applicant's Signature _____ Date _____

SPACE RESERVED FOR USE BY SCHOOL OFFICIALS			
INTERVIEWER	PLACE	DATE	TIME

TALLADEGA CITY BOARD OF EDUCATION
P. O. BOX 246
TALLADEGA, ALABAMA 35161
Phone 256-315-5600 Fax 256-315-5606

-CERTIFIED REFERENCE FORM-
TO BE COMPLETED BY APPLICANT

PLEASE PRINT FULL NAME AS IT APPEARS ON THE SOCIAL SECURITY CARD

Full Legal Name _____
Last First Middle
Social Security Number XXX/XX/_____ Home Phone Number () _____
Home Address _____
Street City State Zip Code

I have applied for a certified position with Talladega City Board of Education in the following area(s):

List Position For Which You Wish To Be Considered

Dates of employment with this reference _____

I authorize the mailing of this reference form and I authorize you to provide Talladega City Board of Education with information regarding my suitability for employment.

Signature Date

TO BE COMPLETED BY REFERENCE

Please mail in sealed company envelope to address provided by the applicant above.

Rating Scale _____ Teacher Dimensions
5=Extremely competent/Professional _____ Classroom Management _____ Classroom Disciplinary Procedures
4= Very Competent/Professional _____ Planning and Organizational Skills _____ Lesson Plans
3= Competent/Professional _____ Teaching Skills _____ Command of Subject Matter
2= Less Than Competent/Professional _____ Testing, Preparation for Testing _____ Test Administration
_____ Feedback
1= Much Less Than Competent/ _____ Communication Skills, Verbal and Non-Verbal
0= No Basis for Judgment _____ Professional Responsibilities _____ Staff and Colleague Rapport
_____ Completes Assignment Responsibilities
_____ Attendance

Would you rehire this individual? _____ Yes _____ No

Reason applicant left your employ _____
Please attach additional comments if necessary.

Please Print or Type Name

School/Agency Phone

Signature Date

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Signature Date

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Rating Scale	Teacher Dimensions
5=Extremely competent/Professional	_____ Classroom Management _____ Classroom Disciplinary Procedures
4= Very Competent/Professional	_____ Planning and Organizational Skills _____ Lesson Plans
3= Competent/Professional	_____ Teaching Skills _____ Command of Subject Matter
2= Less Than Competent/Professional	_____ Testing, Preparation for Testing _____ Test Administration _____ Feedback
1= Much Less Than Competent/	_____ Communication Skills, Verbal and Non-Verbal
0= No Basis for Judgment	_____ Professional Responsibilities _____ Staff and Colleague Rapport _____ Completes Assignment Responsibilities _____ Attendance

Would you rehire this individual? _____ Yes _____ No

Reason applicant left your employ _____
Please attach additional comments if necessary.

Please Print or Type Name

School/Agency Phone

Signature Date

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Teacher Dimensions
4= Very Competent/Professional _____ Planning and Organizational Skills _____ Lesson Plans
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0= No Basis for Judgment _____ Professional Responsibilities _____ Staff and Colleague Rapport
_____ Completes Assignment Responsibilities
_____ Attendance

Would you rehire this individual? _____ Yes _____ No

Reason applicant left your employ _____
Please attach additional comments if necessary.

Please Print or Type Name

School/Agency Phone

Signature Date