



**ALABAMA STATE DEPARTMENT OF EDUCATION  
TEACHER CERTIFICATION SECTION  
OFFICE OF TEACHING AND LEADING  
5215 GORDON PERSONS BUILDING  
POST OFFICE BOX 302101  
MONTGOMERY, AL 36130-2101  
Telephone: (334) 353-8567 E-mail: [tcert@alsde.edu](mailto:tcert@alsde.edu)**

This section must be completed by the employing Alabama school system or nonpublic school.  
School System Code: \_\_\_ - \_\_\_ - \_\_\_  
Nonpublic School Code: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

**Application for the Renewal of a Professional Educator Certificate or a Renewable Career and Technical Certificate**

**CHECK ONE:**

- Submitted by an Alabama Local Education Agency (LEA): Name of LEA: \_\_\_\_\_
- Submitted by an eligible nonpublic school: Name of school: \_\_\_\_\_
- Submitted by applicant

*If a retired teacher option is being used to renew a Professional Educator Certificate, the Application for Renewal of a Professional Educator Certificate Based on Special Provisions for Some Retired Teachers (Form RTD) must be submitted.*

The Teacher Certification Section of the Office of Teaching and Leading is unable to determine eligibility for certificate renewal until ALL components of the application packet, as defined in Section I., have been received. **Applications will not be assigned to a certification specialist until at least this completed Form REN, the \$30.00 application fee, and background clearance (if applicable) have been received.** The submission of supporting documents ONLY (e.g., Supplement EXP, official transcripts) does not constitute making application for certification.

**Requirements for the renewal (continuation/reinstatement) of the Professional Educator Certificates or renewable Career and Technical Certificates may be found on summary sheets entitled "Renewal of Professional Educator Certificates in Areas OTHER THAN Administration and/or Supervision," "Renewal of Professional Educator Certificates in Areas of Administration and/or Supervision," OR "Renewal of Career and Technical Certificates (Type, Level, and Specialty Area Certificates)." Summary sheets may be found at internet web site <http://www.alsde.edu/CertificationForms> (click Certificate Renewal).**

**Incomplete forms will delay the review of the application packet. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

**I. APPLICATION PACKET:**

Please check boxes below to ensure that ALL components of the application packet will be submitted to the Teacher Certification Section of the Office of Teaching and Leading:

- Application for Renewal of a Professional Educator Certificate or a Renewable Career and Technical Certificate (Form REN).
- A nonrefundable \$30.00 application fee. The fee may be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Teacher Certification Online Payment System, with a major credit card, at [www.alabamainteractive.org/education](http://www.alabamainteractive.org/education) (a \$4.00 transaction fee will be applied). No personal checks will be accepted. The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application.
- If not previously cleared, be fingerprinted for a criminal history background check and cleared by the Alabama Bureau of Investigation (ABI) and the Federal Bureau of Investigation (FBI) through the Teacher Certification Section of the Office of Teaching and Leading. Instructions regarding the fingerprint process may be obtained at [www.cogenid.com/AL](http://www.cogenid.com/AL) or by calling (866) 989-9316 (toll free). The application for renewal will not be reviewed until the background check has been completed.

**Mark all of the documentation submitted/to be submitted, as applicable, to verify requirements for renewal.**

- Verification of clock hours of allowable professional development earned:
  - Certificates of Completion
  - STI PD printout of Training History
  - Supplement EXP
  - Official transcript(s)
- Verification of Professional Learning Units (PLUs) earned:
  - STI PD printout of Training History
  - Official transcript(s)
- Supplement EXP verifying full-time educational experience
- Official transcript(s) verifying allowable credit earned
- Photocopy of the certificate verifying initial issuance of National Board for Professional Teaching Standard (NBPTS) Certification
- Photocopy of a valid Alabama Cosmetology Instructor License (applicable for certain Career and Technical Certificates)
- Photocopy of a valid license or certificate as a healthcare practitioner (applicable for certain Career and Technical Certificates)

For information regarding allowable credit, educational experience, allowable professional development, Professional Learning Units (PLUs), certificates, or licenses, refer to the appropriate renewal summary sheet.

**II. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)

Street/Apt./P.O. Box/Route and Box	City	State	ZIP Code

Cell Telephone	Home Telephone	Work Telephone	E-mail Address
( )	( )	( )	

Social Security Number	Date of Birth (mm-dd-yyyy)
- -	- -

FOR STATISTICAL PURPOSES ONLY	
<b>Ethnic Origin (choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	<b>Race (choose one or more, regardless of Ethnicity)</b> <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander
<b>Gender (choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	

**NOTE: It is the applicant's responsibility to keep all personal data on file in the Teacher Certification Section of the Office of Teaching and Leading current. It is imperative that you notify this Office of any change of address.**



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

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

**B. SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL** (Per Alabama Act No. 2012-533)

This section is to be completed for spouses of military personnel who would like to request an expedited review of the certification application packet.

Yes  No I am married to and living with an active duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders.

**PERSONAL DATA OF THE ACTIVE DUTY MEMBER OF THE UNITED STATES ARMED FORCES:**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
Social Security Number		Date of Birth (mm-dd-yyyy)			
- -		- -			

I understand that this request to review my file on an expedited basis does not exclude me from meeting ANY Alabama teacher certification requirements, including testing.

**C. PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION**

Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g. court certified copies of judgment, conviction, and sentencing).

**READ CAREFULLY**

- Yes  No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education**?
- Yes  No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education**?
- Yes  No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- Yes  No Have you ever resigned from a position rather than face disciplinary action?
- Yes  No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
- Yes  No Are you the subject of a pending investigation involving a criminal act?

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Teacher Certification Section of the Office of Teaching and Leading and that it is my responsibility to keep all personal data on file in the Teacher Certification Section of the Office of Teaching and Leading current. I certify that all information pertaining to this application is true and correct.

**FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NONISSUANCE OF YOUR CERTIFICATE.**

\_\_\_\_\_  
Date

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