



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

Telephone: (334) 353-8567  
[www.alsde.edu](http://www.alsde.edu)

### SUPPLEMENT RCR

This supplement is used to verify whether allowable 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 allowable options that can be applied toward the renewal of an Alabama Professional Educator Certificate (in an area other than administration and supervision) is coursework which must be at the appropriate degree level **AND** must be either part of 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. Additional certificate renewal information may be obtained at [www.alsde.edu/CertificationForms](http://www.alsde.edu/CertificationForms) (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 APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)

Applicant: \_\_\_\_\_  
Title (e.g., Mr., Mrs.)      First      Middle      Maiden      Last Name      Suffix (e.g., Jr., Sr.)

Mailing Address: \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box      City      State      ZIP Code

E-mail address: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone      Work Telephone      Cell Telephone

**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 allowable credit earned must be submitted to the Teacher 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.

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



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**III. Verification Data:** (TO BE COMPLETED AND RETURNED 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"/> <b>Yes</b> , 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"/> <b>No</b> , 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"/> <b>Yes</b> , 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"/> <b>No</b> , 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"/> <b>Yes</b> , 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"/> <b>No</b> , 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.

**DO NOT RETURN THIS FORM TO THE APPLICANT.**

FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ABOVE ADDRESS.

**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:

Gadsden City Schools  
 Human Resources Dept. \_\_\_\_\_  
Name of School System  
 P.O. Box 184 \_\_\_\_\_  
Address  
 Gadsden, AL 35902 \_\_\_\_\_  
City/State/Zip Code