



Form AMS



**Alabama State Department of Education
Educator Certification Section**

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

Telephone: (334) 694-4557

ALABAMA MATH AND SCIENCE TEACHER EDUCATION PROGRAM (AMSTEP) VERIFICATION REIMBURSEMENT FORM

This form is to be used to verify program completion and certification status for eligible (AMSTEP) recipients. An eligible recipient:

- Completed a Bachelor's or Alternative Master's level **Alabama** approved Educator Preparation Program Spring 2018 or thereafter; or
- Completed a state-approved Educator Preparation Program **in any state or US Territory** in computer science, mathematics, or science Spring 2021 or thereafter; or
- Completed an alternative approach in computer science, mathematics, or science and earn an Alabama Professional Educator Certificate Spring 2021 or thereafter.

Note: A teacher who adds an endorsement to an existing Alabama Professional Educator Certificate in the area(s) of mathematics, science, or computer science by earning the passing score on the appropriate Praxis test is not eligible for AMSTEP .

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:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box		City		State	ZIP Code
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
()	()	()	<input style="width:100%;" type="text"/>		
TCH Number	Date of Birth (mm-dd-yyyy)				
- -	- -				

I hereby permit the release of information concerning my employment and program completion to the Alabama Commission on Higher Education.

_____ **Date**

_____ **Signature of Applicant**

Upon completion of Section I (Personal Data) the applicant should forward this form to the Alabama Public School System/ Charter School wherein he/she earned the applicable work experience:

II. EMPLOYMENT INFORMATION: TO BE COMPLETED BY THE SUPERINTENDENT, OR HUMAN RESOURCES/PAYROLL OFFICER.

Name of the Alabama Public School System (Local Education Agency)	TEAMS School	Name of Alabama School Public/Charter	From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 4-8 <input type="checkbox"/> 6-12	<input type="checkbox"/> Computer Science Critical Shortage Area <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Mathematics Critical Shortage Area <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Science Critical Shortage Area <input type="checkbox"/> Yes <input type="checkbox"/> No

II. EMPLOYMENT INFORMATION (CONT): TO BE COMPLETED BY THE SUPERINTENDENT, OR HUMAN RESOURCES/PAYROLL OFFICER.

A notary seal must be affixed to this form OR the business card of an authorized official at the charter school must be attached.

Sworn to and subscribed before me this _____ day of _____,

Seal and Signature of Notary Public

My Commission Expires: _____

Signature of: Superintendent <i>or</i> Human Resources/Payroll Officer
_____ Typed or Printed Name
_____ Position Held
_____ Alabama School System/Charter School
_____ Address
_____ City/State/ZIP Code
_____ Telephone Number
_____ Date

Upon completion of Section II (Employment Information) the Alabama Public School System or Charter School should forward this form to the Alabama State Department of Education for credential verification.

III. CREDENTIAL VERIFICATION: TO BE COMPLETED BY ALABAMA STATE DEPARTMENT OF EDUCATION PERSONNEL.

College/University
_____ Program/Approach
Professional Educator Certificate based upon completion of PCTF Approach. Date issued _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Alabama approved Educator Preparation Program <input type="checkbox"/> Yes <input type="checkbox"/> No state-approved Educator Preparation Program <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree Date degree was conferred _____ <input type="checkbox"/> Computer Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Science

Initial Professional Educator Certificate issued 2018 or thereafter
<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Grade _____ <input type="checkbox"/> Computer Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Science
Teaching Schedule Verified
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Computer Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Science Note: An eligible recipient must teach at least 75% of the school day in computer science, math, or science or a combination.

I certify all information pertaining to this application form is true and correct.

- Approved Rejected
- One or more of the following criteria were not met:
- Alabama approved Educator Preparation was completed prior to 2018
 - Applicant does not hold an Alabama Class B or Alternative Class A Professional Educator Certificate in computer science, math, or science.
 - Recipient is not employed in an Alabama Public/Charter School
 - The initial Alabama Professional Educator Certificate was issued prior to the end of the Spring semester 2021 to a person who earned a degree from an institution in another state.

Signature of Authorized Official	Printed Name
Title	E-mail Address