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[www.alsde.edu/EdCert](http://www.alsde.edu/EdCert)

### SUPPLEMENT KR1

This form is used to provide official verification of completion at least a master's degree level Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited school counseling program. It is to be completed by the dean or certification official in the college of education at a senior institution of higher education in Alabama, in another state, the District of Columbia, or U.S. Territory where the program was completed.

**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"/> )	( <input style="width:100%;" type="text"/> )	( <input style="width:100%;" type="text"/> )	<input style="width:100%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				

NAME OF COLLEGE OR UNIVERSITY COMPLETING THIS FORM	LOCATION	DATES ATTENDED	DEGREE AND MAJOR
<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>	<input style="width:100%; height:100%;" type="text"/>

I hereby permit the release of information concerning my program completion to the Alabama State Superintendent of Education.

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

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

- A. \_\_\_\_\_ At the time of this student's matriculation, this institution \_\_\_was / \_\_\_was not regionally accredited.
- B. \_\_\_\_\_ This student **COMPLETED** at least a master's degree level CACREP-accredited school counseling program on \_\_\_\_\_.  
 (date)

Completion of this program required:  
 a master's degree only **AND/OR**  
 an educational specialist degree

**NOTE: For programs completed and/or applications received in the Educator Certification Section on October 1, 2018, and thereafter, a degree in school counseling will be required.**

- C. \_\_\_\_\_ This student **DID NOT COMPLETE** a CACREP-accredited school counseling program at this institution.
- D. \_\_\_\_\_ At the time of this student's program completion, this institution did not have a CACREP-accredited school counseling program.

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. THE COMPLETED SUPPLEMENT KR1 IS TO BE FORWARDED BY THE INSTITUTION TO THE APPLICANT IN A SEALED ENVELOPE AND SHOULD NOT BE OPENED PRIOR TO SUBMISSION TO THE EDUCATOR CERTIFICATION SECTION. FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**