 Student Teacher Authorization

Teacher Certification - Alaska Department of Education and Early Development

REQUIREMENTS

An applicant must meet the following requirements to qualify for a Student Teaching Authorization:

* Enrolled in a state-approved program;
* Passing scores on an approved [**Basic Competency Exam**](https://education.alaska.gov/TeacherCertification/praxis.html) (https://education.alaska.gov/teachercertification/praxis);
* Prepared to begin student teaching or a clinical practice within the next 12 months.

# PROGRAM ENROLLMENT FORM

You must submit your original Student Teaching Program Enrollment form with this application. The form must first be sent to the university where you are enrolled in a state-approved teacher preparation program.

# IMPORTANT INFORMATION

The criminal history report generated by the submission of a fingerprint card will remain on file and may be used when you apply for Initial certification, providing you make application for an Initial certificate within 60 days after the completion of student teaching and 18 months after fingerprint clearance.

DPS processing time is unpredictable. It can take several months to receive notification on a cleared or rejected fingerprint card. A rejection means the card was not adequately rolled for processing. A rejected card requires the applicant to resubmit another card. There is no fee for resubmission, however, the cost of having prints re-rolled is borne by the applicant. If you receive notification that your card was rejected, you must resubmit another card immediately. Failure to comply will result in cancellation of your student teaching authorization.

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# PERSONAL INFORMATION

Enter all personal information in the spaces provided, including contact phone number(s) and email address.

Last Name:       First Name:       M.I.:

Social Security Number:       Date of Birth:       Gender:

Mailing Address:       City:       State:   Zip Code:

Home Phone:       Work/Cell Phone:

Primary Email:       Secondary Email:

Former Last Name(s):       Highest Educational Degree:

It is the responsibility of the applicant to maintain current information, including name and mailing address, on file with the Teacher Certification office. All name changes must be supported with a photocopy of the legal document verifying the change.

# BACKGROUND INFORMATION

Answer the questions one through six (1-6) carefully and completely by answering “yes” or “no” to the questions as they apply to you. If the answer to any of these questions is “yes,” provide a written, detailed explanation of the incident and sign it. Include a written explanation of incidents involving Driving While Intoxicated (DWI) or Driving under the Influence (DUI), no contest, guilty pleas and cases resulting in a suspended imposition of sentence. It is not necessary to provide a written explanation of a minor traffic violation.

1. Have you been convicted for a violation of criminal law, except for minor traffic violations?
Please include convictions for Driving While Intoxicated (DWI) and Driving Under the Influence (DUI). Yes [ ]  No [ ]
2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you?
This would include any state, province, territory, and/or country. Yes [ ]  No [ ]
3. Is there action pending to revoke or suspend a certificate issued to you by another jurisdiction?
If “yes,” list the agency, including contact information as well as the purpose of the investigation or inquiry. Yes [ ]  No [ ]
4. Have you ever had any adverse action taken on any certificate or license by another jurisdiction?
Adverse action includes letters of warning, reprimands, suspensions, revocations, surrenders, or voidance. Yes [ ]  No [ ]
5. Have you ever been investigated by another certification agency for allegations of misconduct?
If “yes,” list the agency, including contact information as well as the purpose of the investigation or inquiry. Yes [ ]  No [ ]
6. Have you ever been denied certification?
This would include any state, province, territory, and/or country. Yes [ ]  No [ ]

If you answered “yes” to any of the questions above (1-6), provide a detailed statement here. If you need additional space, provide the detailed statement on a separate sheet of paper and sign it.

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ETHNICITY

Check the box that most appropriately applies to you.

**[ ]  African American**: A person (not of Hispanic origin) having origins in any of the black racial groups of Africa.

**[ ]  Alaska Native**: A person who is a descendant of a member of the aboriginal races inhabiting the state when annexed to the United States, or who is a descendant of an Indian or Eskimo who, since the year 1867 and prior to June 30, 1952, migrated into the state from Canada, and who is a descendant having at least one- quarter blood derived from these ancestors. This may include, for example, any person of Yup’ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.

**[ ]  American Indian**: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**[ ]  Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**[ ]  Caucasian**: A person (not of Hispanic origin) having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**[ ]  Hispanic**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**[ ]  Native Hawaiian or Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**[ ]  Two or more races**: A person who primarily identifies their ethnic heritage with more than one subgroup.

Basic Competency Exam

Indicate the approved basic competency exam (BCE) that you have passed.

**[ ]** ACT (Math, Reading, & Writing)

**[ ]** Alabama WorkKeys

**[ ]** California Basic Educational Skills Test (CBEST)

**[ ]** Florida Teacher Certification Exam

**[ ]** Georgia Assessment for the Certification of Teachers

**[ ]** Graduate Record Examination (GRE)

**[ ]** Illinois Certification Testing System

**[ ]** Michigan Test for Teacher Certification (MTTC)

**[ ]** NES Essential Academic Skills

**[ ]** New Mexico Assessment of Teacher Basic Skills

**[ ]** New York State Teacher Certification Liberal Arts/Sciences Test

**[ ]** Oklahoma General Education Test (OGET)

**[ ]** Praxis CASE (Math, Reading & Writing)

**[ ]** Praxis I (Math, Reading, & Writing)

**[ ]** SAT (Math, Reading, & Writing)

**[ ]** Washington Educator Skills Test-Basic (WEST-B)

If you have passing Praxis Core Academic Skills for Educators (CASE) or Praxis I scores, they can be sent to the Teacher Certification Office directly from Educational Testing Services (ETS), or you can include an original/official examinee score report with your application. To contact ETS, visit [Educational Testing Services (ETS)](http://www.ets.org/) (http://www.ets.org/). If you have had the scores sent directly from ETS, e-mail Teacher Certification (tcwebmail@alaska.gov) to verify passing Praxis CASE or Praxis I scores are on file, BEFORE sending in the application.

For all other approved basic competency exams, an original examinee score report showing passing scores on all three sections of the exam must be included with the application.

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FEE SCHEDULE

There is no fee for the Student Teaching Authorization. The background check processing fee is $60.00. You may pay with a credit card via the DEED Online Payment Center, cashier’s check, or money order (payable to DEED). Fees are non-refundable. Personal checks will not be accepted.

If payment is made through the Teacher Certification Online Payment Center a copy of the payment receipt must be submitted with this form. [Online Payment Center](https://education.alaska.gov/teachercertification/PaymentCenter) (https://education.alaska.gov/teachercertification/PaymentCenter).

# CHECKLIST

You must submit all of the items required in a single application packet. If any item is missing or incomplete, the entire application packet will be returned unprocessed. Mark the checkbox next to each requirement to indicate the item is included in your application packet. Photocopied or faxed applications will not be accepted.

If you have previously submitted documents listed in the checklist below verify the documents are on file by contacting the Teacher Education & Certification Office (tcwebmail@alaska.gov).

**[ ]  Completed Student Teacher Authorization Application**

**[ ]  FBI Applicant Fingerprint Card (FD 258) or Previous Background Clearance**

**[ ]  Passing scores on an approved Basic Competency Exam (BCE)**

**[ ]  Student Teacher Program Enrollment Form**

**[ ]  Online Payment Receipt, Money Order or Cashier’s Check**

# SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature: Date:

# MAIL YOUR APPLICATION

The application and supporting documents must be mailed to the Teacher Certification office at the following address:

Department of Education and Early Development

Teacher Certification

PO Box 110500

Juneau, AK 99811-0500

Photocopies, scanned or faxed applications will not be accepted.

# CONTACT TEACHER CERTIFICATION

If you have questions, please use the following information to contact the Teacher Education & Certification Office:

Email: Teacher Certification (tcwebmail@alaska.gov)
Phone: (907) 465-2831 Fax: (907)465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https:/education.alaska.gov/teachercertification)

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# FINGERPRINT CARD AND CRIMINAL HISTORY REPORT

When applying for certification in Alaska, you must submit one (1) fingerprint card with your application per AS 14.20.020. The fingerprint card will be used to generate a criminal history report by the Alaska Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI). The criminal history report will be used as one part of the background check required for Alaska certification.

The Teacher Education & Certification Office cannot accept criminal history reports completed by other entities, including other states and countries. For the purpose of certification in Alaska, criminal history reports must be completed by the Alaska Department of Public Safety (DPS) per AS 12.62.160(a) (5) and the Federal Bureau of Investigation (FBI)

If you believe there is an error on your criminal history record, you have the right to challenge your criminal history record per 13 AAC 68.305 (State of Alaska) and 28 CFR 16.30 through 16.34 (Federal). The Teacher Education & Certification official deciding on your suitability for certification from the Teacher Education & Certification Office will give you the opportunity to challenge the accuracy of the information in your criminal history (or decline to do so) before deciding on your suitability. If you determine you will challenge the accuracy of your criminal history, the Teacher Education & Certification Office will give you 60 daysto complete a challenge of your criminal history record. To challenge your criminal history record, you must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300. To challenge the accuracy of Alaska criminal history records, you can contact the Department of Public Safety at: 907-269-5527, by email (dps.criminal.records@alaska.gov), or visit their [website](https://dps.alaska.gov/Statewide/R-I/Background/Home) (https://dps.alaska.gov/Statewide/R-I/Background/Home).

If you cannot obtain a fingerprint card locally, email the Teacher Education & Certification office (tcwebmail@alaska.gov) to request a card be sent to you via U.S.P.S. Find more information and instructions concerning fingerprint card requirements on the [teacher certification webpage](https://education.alaska.gov/TeacherCertification/fingerprints.html) (education.alaska.gov/TeacherCertification/fingerprints.html).

You must have your fingerprints rolled by a trained technician. The technician must sign and date the card in the appropriate space. All personal information must be filled in, including signature, residence, citizenship, sex, height, weight, race, eye color, hair color, date of birth, and place of birth.

# PRIVACY STATEMENT

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

 Student Teacher Program Enrollment

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APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Social Security Number:       Date of Birth:

* **The remaining sections below are to be completed by the state-approved program, NOT the applicant.**

STUDENT TEACHING INFORMATION

1. In which Alaska public school district will the applicant be serving as a student teacher or completing a supervised clinical practice?

1. The applicant is currently enrolled in a program leading to certification in the area(s) listed below:

**CONTENT AREA GRADE LEVEL**

1. Semester(s) of student teaching or supervised clinical practice:

[ ]  FALL 20   [ ]  SPRING 20   [ ]  SUMMER 20

**Program Standards:** Specify which standards the approved program meets:

[ ]  CAEP/NCATE/TEAC [ ]  State Standards [ ]  Other:

**Degree Information:** Specify the type of program the applicant is enrolled in:

[ ]  Bachelors [ ] Masters [ ]  M.A.T [ ]  Ed.D. [ ]  Ph.D.

[ ]  No degree/endorsement/certification ONLY [ ]  Other:

DEGREE INFORMATION

By signing below, I assure that the applicant will be required to serve as a student teacher or participate in a supervised clinical practice in an Alaska public school for a minimum of 500 hours over a period of 15 weeks. In addition, I assure that the applicant will be under the general supervision of a teacher who:

1. holds a valid certificate issued under 4 AAC 12;
2. has at least one year of teaching experience in the district where the applicant is serving;
3. has at least three years of total teaching experience; and
4. meets or exceeds the standards described in 4 AAC 04.200 as verified by the district where the applicant is serving.

# SIGNATURE

Name of College/University City State Regional Accrediting Association

Signature of Certifying Official: Printed Name Title Date

Phone Number: Fax Number:

Email Address: