Emergency Certificate District/Employer Request and Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of Social Security Number:      Date of Birth:       Gender:

* **The remaining sections below are to be completed by the school district designee, NOT the applicant.**

# DISTRICT INFORMATION

Alaska School District or Educational Organization:

District Office Address:       City:      State:    Zip Code:

District Phone Number:       District Fax Number:

Superintendent or Chief School Administrator Email Address:

# PLACEMENT

Indicate the applicant’s placement within the district or educational agency.

**Location/Position Content Area Grade Level(s)**

           

# REQUEST & ASSURANCE

I request the issuance of an Emergency Certificate for the individual listed in the, APPLICANT INFORMATION section above. I certify that the district or educational agency intends to hire the applicant in a certified position.

The district or educational agency is aware that the applicant is not able to meet the all the requirements of certification and is requesting one or more requirements to be waived. The Emergency Certificates issued will only be valid at the school district or educational agency sponsoring the applicant.

Superintendent or Agency Director Printed Name:

Superintendent or Agency Director Signature: Date:

# CONTACT TEACHER CERTIFICATION

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

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