# Department of Education Seal.Renewal Credit Requirement Waiver

Teacher Certification - Alaska Department of Education and Early Development

# PERSONAL INFORMATION

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

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:

# EMERGENCY CERTIFICATION INSTRUCTIONS

**Current 5 year or 10 year Certificate Holder:** If you are not able to satisfy renewal credit requirements needed to renew your certificate, complete and submit this form prior to your certificate’s expiration date to receive a 1 year extension on your current Certificate. Please note the renewed certificate once you are able to met renewal requirements will be foreshortened by 1 year.

# REQUIREMENTS

Renewal Credit coursework requirement: Six semester or nine quarter hours of credit earned from a regionally accredited university are required for renewal or reinstatement of a Regular five-year certificate. At least three semester hours must be upper division (Course numbers 300 and above) or graduate level credit. Renewal credits must meet one of the following requirements:

* Related to your employment at the time of renewal, if that employment requires a certificate;
* Related to at least one of your endorsement areas, or
* A required element of a program that will lead to an endorsement that you are actively pursuing.

I am not able to meet the renewal credit requirements above due to the following: (attach an additional sheet of paper if necessary)

# SIGNATURE

I am aware of the requirements of the certificate I am applying for and am requesting exemption from the selected requirement(s) above for the reasons I have provided. I understand that I must still satisfy the above requirement(s) to qualify for additional certification. If I do not satisfy the requirements, I understand that I will not be eligible for additional certification. I certify under penalty of perjury that the statements made by me on this form are true and correct to the best of my knowledge.

Applicant 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