

# SPECIAL EDUCATION ALTERNATE PROGRAM CERTIFICATE APPLICATION



## PERSONAL INFORMATION

				--				
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER					
MAILING ADDRESS			CITY	STATE	ZIP CODE			
HOME/CELL NUMBER			WORK PHONE NUMBER			GENDER		
PERSONAL EMAIL ADDRESS								
BIRTHDATE (MM-DD-YYYY)			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.  
**Contact information can be updated at <https://education.alaska.gov/TeacherCertification/ContactChange/>.**

## REQUIREMENTS

All requirements listed below must be **satisfied** in order to qualify for the **Special Education Alternate Program Certificate**.

- Current Certification**  
The applicant must hold a valid Alaska teaching certificate (Initial, Professional, or Master), if the applicant will be performing the duties of a special education teacher. If the applicant will be performing the duties of a speech language pathologist, the applicant may hold either a valid Alaska Type C special services certificate or a valid Alaska teaching certificate (Initial, Professional, or Master).
- District Request Form**  
The superintendent or chief school administrator must complete the District Request Form and provide evidence of advertisement for the position. The completed, ORIGINAL District Request form and evidence of advertisement must be included with the application. **Photocopies/faxes will not be accepted.**
- Proof of Program Enrollment**  
An original Proof of Program Enrollment must be submitted with the application materials. **Photocopies/faxes will not be accepted.**
- Nine Semester Hours of Special Education Coursework**  
A minimum of 9 semester hours of special education coursework must be reflected on official transcripts. **Official transcripts may be opened, but not marked on in any way.**

## CERTIFICATION INFORMATION

Please indicate the type of certificate the applicant currently holds:

- Initial 3-year (Teaching)     
  Professional 5-year (Teaching)     
  Type C regular 5-year (Special Services)

## WAIVER INFORMATION

This application is to request a special education waiver for the:

- First Year     
  Second Consecutive year     
  Third Consecutive Year

# SPECIAL EDUCATION ALTERNATE PROGRAM CERTIFICATE APPLICATION



## RECORD OF TRAINING

Official transcripts showing the completion of the coursework requirement must be included with the application or be on file with our office. Unofficial, photocopied, or faxed transcripts will not be accepted. *Official transcripts may be opened, but not marked on in any way.*

The official transcripts must reflect the following:

- Nine (9) semester hours or twelve (12) quarter hours of special education coursework.

List the coursework you are using to satisfy the training requirement for the Special Education Alternate Program certificate. Provide the following information concerning the completed coursework: course number, course title, the semester & year completed, the name of the college or university, and the college or university location.

COURSE NUMBER	COURSE TITLE	SEMESTER & YEAR	COLLEGE OR UNIVERSITY	CITY, STATE

## ENDORSEMENT

Please indicate the specific special education or special services endorsement you are requesting. The chosen endorsement should correspond with the special education proof of program enrollment.

### Teaching: Special Education \*\*

- |   |  |
|---|--|
| <input type="checkbox"/> Special Education<br><input type="checkbox"/> Physically Handicapped<br><input type="checkbox"/> Visually Handicapped<br><input type="checkbox"/> Hearing Impaired<br><input type="checkbox"/> Learning Disability<br><input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Cognitively Impaired<br><input type="checkbox"/> Communication Disorders<br><input type="checkbox"/> Multi-Handicapped<br><input type="checkbox"/> Adaptive P.E.<br><input type="checkbox"/> Special Ed – Early Childhood |
|---|--|

### Special Services

- 
- Speech/Language Pathologist
- 
- 
- Speech Pathology
- 
- 
- Audiology
- 
- 
- Speech and Hearing
- 
- 
- Speech Therapy

Please indicate the grade levels to apply to the special education endorsement. The chosen grade levels should correspond with the special education proof of program enrollment.

- |  |                                     |                                      |                                      |                                      |
|--|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Birth – Grade 3 | <input type="checkbox"/> Grades K-3 | <input type="checkbox"/> Grades 5-8  | <input type="checkbox"/> Grades 7-10 | <input type="checkbox"/> Grades 9-12 |
| <input type="checkbox"/> Pre K – Grade 3 | <input type="checkbox"/> Grades K-5 | <input type="checkbox"/> Grades 5-12 | <input type="checkbox"/> Grades 7-12 | <input type="checkbox"/> Grades K-12 |
|  | <input type="checkbox"/> Grades K-8 |                                      | <input type="checkbox"/> Other _____ |                                      |

**\*\*Applicants seeking a special education teaching endorsement must hold a valid, Alaska teaching certificate (Initial, Professional, or Master).**

  
**SPECIAL EDUCATION ALTERNATE  
PROGRAM CERTIFICATE APPLICATION**

---

**IMPORTANT NOTES**

You must be able to answer 'Yes' to the following important notes regarding the special education alternate program certificate:

- Yes  No I understand the special education waiver is valid for the school year in which it is issued and in the school district to which it is granted.
  
- Yes  No I understand the special education waiver is renewable on a yearly basis for two **consecutive** years, only upon submission of an updated special education waiver application, including updated transcripts, another district request form and proof of program enrollment form.
  
- Yes  No I understand continued enrollment in the university special education program and satisfactory yearly progress must be made in order to be eligible for renewal of the special education waiver on a yearly basis.

---

**NOTARIZATION**

State of \_\_\_\_\_ Date \_\_\_\_\_  
(MONTH/DAY/YEAR)

\_\_\_\_\_ appeared before me whose  
(NAME OF APPLICANT)

identification I have verified on the basis of \_\_\_\_\_  
(TYPE OF PHOTO ID)

to be the signer of this application and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

My commission expires: \_\_\_\_\_

**If a notary is not available, a Postmaster may witness, date stamp, and sign this affidavit.**

I certify under penalty of perjury that the statements made by me in this application are true and correct to the best of my knowledge. Further, I acknowledge that I have read and will adhere to the **State of Alaska Code of Ethics of the Education Profession**. This becomes part of my official record.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE





SPECIAL EDUCATION ALTERNATE PROGRAM CERTIFICATE APPLICATION  
**DISTRICT REQUEST FORM**



---

**SPECIAL NOTES**

The department will extend the Special Education Alternate Program Certificate for up to three years. In order to have the certificate extended, the applicant and district must submit the following items to the department at the end of each school year:

- 1) Updated Special Education Alternate Program Certificate Application,
- 2) Updated [official transcripts](#), and
- 3) Updated [Proof of Program Enrollment](#) form showing progress toward completion of the special education program

If the annual requirements are not met, the applicant will no longer hold a Special Education Alternative Program certificate and will not be eligible to hold a teaching or a special service position in an Alaska public school based on the certificate issued through Proof of Program Enrollment.

---

**REQUEST, ASSURANCE & SIGNATURE**

On behalf of the district's school board, I requested the issuance of Special Education Alternate Program Certificate for the individual listed in the 'APPLICANT INFORMATION' section above.

I certify that the applicant will be under contract with my school district in a capacity requiring a special education, speech, language pathology, or audiology endorsement. I further certify the district was unable to recruit and hire a new-to-the-district teacher who holds a valid certificate with the required endorsement.

The school district's Board of Education and the applicant are aware of the requirements described in the 'SPECIAL NOTES' section above.

---

**SIGNATURE OF SUPERINTENDENT OR  
CHIEF SCHOOL ADMINISTRATOR**

---

**PRINTED NAME**

---

**DATE**



SPECIAL EDUCATION ALTERNATE PROGRAM CERTIFICATE APPLICATION  
**PROOF OF PROGRAM ENROLLMENT**

**APPLICANT INFORMATION**

This section is to be completed by the applicant before submission to the regionally accredited college/university. All other sections are to be completed by the preparing institution's school of education.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
MAILING ADDRESS	CITY	STATE	ZIP CODE

The remaining sections are to be completed by the preparing institution's school of education, **not** the applicant.

**ADMISSION INFORMATION**

- YES  NO 1. Has the applicant has been admitted to an approved special education or speech language pathology/audiology program, leading to certification?
- YES  NO 2. Can the applicant complete the program within 3 years?
- YES  NO 3. Has the applicant completed a minimum of 9 semester or 12 quarter credits of the special education coursework?
- 4. How many credits of the approved program has the applicant **completed**? \_\_\_\_\_
- 5. How many total credits are in the approved program? \_\_\_\_\_
- 6. The applicant is currently enrolled in a special education or speech language pathology/audiology program leading to certification in the area(s) listed below:

CONTENT AREA	GRADE LEVEL(S)	CONTENT AREA	GRADE LEVEL(S)
A. _____	_____	B. _____	_____

**PROGRAM STANDARDS**

SPECIFY WHICH STANDARDS THE APPROVED PROGRAM MEETS:

- CAEP/NCATE
- ASHA
- STATE STANDARDS FROM AN NCATE PARTNERSHIP STATE
- STATE STANDARDS FROM AN NON-NCATE PARTNERSHIP STATE

**DEGREE INFORMATION**

PLEASE SPECIFY THE TYPE OF PROGRAM ENROLLMENT:

- BA  MAT  M.ED
- BS  MA  ED.D
- B.ED  MS  PH.D
- NO DEGREE/CERTIFICATION ONLY
- OTHER: \_\_\_\_\_

**SIGNATURE**

NAME OF INSTITUTION	CITY	STATE	REGIONAL ACCREDITATION
SIGNATURE OF DEAN OR CERTIFYING OFFICIAL	PRINTED NAME	TITLE	DATE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

**PLEASE RETURN THE PROOF OF PROGRAM ENROLLMENT TO THE APPLICANT.  
PHOTOCOPIES/FAXES WILL NOT BE ACCEPTED.**

Department of Education & Early Development, Teacher Education and Certification  
801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500  
Phone: (907) 465-2831 Fax: (907) 465-2441 [tcwebmail@alaska.gov](mailto:tcwebmail@alaska.gov)