



SPECIAL SERVICE CERTIFICATE

State-Approved Program Verification

Type C – Special Service Provider Endorsements Available

<ul style="list-style-type: none"> • School Counselor • Guidance and Counseling • Audiology • Educational Diagnostician • Library Science • Media Specialist • Nursing • Occupational Therapy • Orientation and Mobility 	<ul style="list-style-type: none"> • School Psychologist • School Social Work • Physical Therapy • School Librarian • School Nurse • School Psychometrist • Speech / Language Pathology • Speech and Hearing • Speech Pathology • Speech Therapy 	<p>GRADE LEVELS</p> <ul style="list-style-type: none"> • Grades K – 8 • Grades 7 – 12 • Pre K – Grade 12 • Grades K – 12 <p>IMPORTANT NOTE: Other grade level combinations are available. Grade levels reflect the range of grades for which your preparation program has been approved.</p>
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REQUIREMENTS

In order to qualify for most Alaska certifications, the state-approved university-based preparation program where you complete your program must complete a verification form on your behalf. If you completed a non-traditional or alternative state-approved preparation program, the state agency with jurisdiction over the program must complete the verification form. The verification form needs to be submitted with your application packet unless you have previously submitted the verification form (previously called the Institutional or State recommendation) with another application.

If you have completed a preparation program outside of the United States, you will need to submit a complete, original foreign evaluation from an approved agency. More information concerning foreign evaluations can be found at https://education.alaska.gov/teachercertification/forms/Foreign_Evaluation_Info.pdf.

APPLICANT DIRECTIONS:

- 1) Complete the APPLICANT INFORMATION section.
- 2) Leave the remaining sections of the form blank. The university or state agency must complete all other sections.
- 3) If your preparation program was through a university, mail or fax the form and the list of endorsements to the Dean or Certification Officer within the university's school or college where you completed your program (don't send it to the registrar).

-OR-

If your program was completed in a state-approved alternative route program, mail or fax the verification form and the list of endorsements to the state official who has the authority to verify your completion of a state-approved alternative route to certification.

UNIVERSITY OR STATE AGENCY DIRECTIONS:

- 1) Provide all of the requested information in the following sections of the state-approved program verification form provided by the applicant:

a. PROGRAM TYPE	e. CERTIFICATE/ENDORSEMENT INFORMATION
b. PROGRAM STANDARDS	f. SIGNATURE
c. CLINICAL PRACTICE	g. STAMP OR SEAL
d. DEGREE INFORMATION	
- 2) If a Stamp or Seal is not available, complete all information using blue ink.
- 3) Please return the original state-approved program verification form to the applicant.

Photocopies or faxes will not be accepted.

~Notes: For endorsements in several of the Type C areas, the university isn't signing off that the applicant completed an educational degree, but that they completed a program. For instance nurse, physical therapy, and library science don't have an internship in a school setting but they are obviously valid programs.



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If you have any questions concerning the completion of the state-approved program verification form, email tcwebmail@alaska.gov for assistance.



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APPLICANT INFORMATION

Last Name	First Name	M.I.	Last four (4) digits of Social Security Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address		City	State
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	Zip Code
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

❖ THE REMAINING SECTIONS ARE TO BE COMPLETED BY THE STATE APPROVED PROGRAM OR STATE AGENCY, NOT THE APPLICANT.

STATE-APPROVED PREPARATION PROGRAM INFORMATION

Applicants who have completed a state-approved preparation program and have met all the associated testing requirements of the state with jurisdiction are eligible for Alaska certification. A state-approved preparation program must include a program of study and a supervised clinical practice. To qualify for a certificate or endorsement in Alaska, applicants must be eligible to gain a comparable certificate or endorsement in the state with jurisdiction over the approved program. **Certifications and endorsements based on testing alone cannot be used for Alaska certification.**

PROGRAM TYPE: Indicate the type of state-approved preparation program:

- Traditional (University-based) Non-traditional (Alternative)

PROGRAM STANDARDS: Specify which standards the approved program meets:

- CAEP/NCATE/TEAC NASP/ASHA State Standards Other: _____

CLINICAL PRACTICE: Indicate the type of supervised clinical practice required by the state-approved program and satisfied by the applicant:

- Internship Met requirement through a state-approved alternative
 Field Experience Practicum Other (Provide an explanation on a separate page.)

DEGREE INFORMATION: Specify the degree the applicant earned as part of the approved program:

- Bachelor's Master's Ed.D.
 Ph.D. Endorsement or certification ONLY (no degree) Other: _____

CERTIFICATE/ENDORSEMENT INFORMATION: Indicate the certificate and/or endorsement areas in which the applicant has completed the state-approved preparation or endorsement program, and met all associated testing requirements.

Certificate/Endorsement Area	Grade Level(s)	Date of Completion
1.		
2.		
3.		

By signing below, I verify the applicant has:

- 1) Satisfied all the requirements of the state-approved preparation or the endorsement program to be eligible for certification and/or endorsement in the areas listed above;
- 2) Passed all the jurisdiction's testing requirements in place at the time the applicant completed the programs listed above; and
- 3) Maintained ethical standards required of an while participating in the state-approved program.

Signature of Certifying Official	Printed Name	Title	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>



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SIGNATURE

Name of College/University/State Agency	City	State	Regional Accrediting Association (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Certifying Official	Printed Name	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Fax Number
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address
<input type="text"/>

INSTITUTIONAL OR STATE STAMP OR SEAL

COLLEGE STAMP OR SEAL
IF NOT AVAILABLE, FORM MUST BE SIGNED IN BLUE INK

PLEASE RETURN THE STATE-APPROVED PROGRAM VERIFICATION FORM TO THE APPLICANT.
PHOTOCOPIES OR FAXES WILL NOT BE ACCEPTED.