

  
**TEACHER CERTIFICATE**  
**STATE-APPROVED PROGRAM VERIFICATION**

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### REQUIREMENTS

In order to qualify for most Alaska certifications, the state-approved university-based educator 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 educator 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 submitted the verification form (previously called the Institutional or State recommendation) with a previous application.

If you have completed an educator 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](https://education.alaska.gov/teachercertification/forms/Foreign_Evaluation_Info.pdf).

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### 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 educator preparation program is through a university, mail or fax the form and the list of endorsements to the Dean or Certification Officer within the university where you completed your program.

**-OR-**

If your educator preparation 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 educator certification.

**~Note: The list of endorsements is available at**

[https://education.alaska.gov/TeacherCertification/forms/EndorsementList\\_TeachingCertificate.pdf](https://education.alaska.gov/TeacherCertification/forms/EndorsementList_TeachingCertificate.pdf).

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### 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
  - b. PROGRAM STANDARDS
  - c. CLINICAL PRACTICE
  - d. DEGREE INFORMATION
  - e. CERTIFICATE/ENDORSEMENT INFORMATION
  - f. SIGNATURE
  - g. STAMP OR SEAL
- 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.**

**~Note:** If you have any questions concerning the completion of the state-approved program verification form, email [tcwebmail@alaska.gov](mailto: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  -  -

Mailing Address  City  State  Zip Code

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

**STATE-APPROVED EDUCATOR PREPARATION PROGRAM INFORMATION**

Applicants who have completed a state-approved educator preparation program and have met all the associated testing requirements of the state with jurisdiction are eligible for Alaska certification. A state-approved educator 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 that holds 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 educator preparation program:

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

**PROGRAM STANDARDS:** Specify which standards the approved program meets:

- CAEP/NCATE/TEAC   
  State Standards   
  Other:

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

- Student Teaching   
  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   
  M.A.T.  
 Ed.D.   
  Ph.D.   
 No degree/endorsement or certification ONLY   
 Other:

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

Certificate/Endorsement Area	Grade Level(s)	Date of Completion
1.		
2.		
3.		
4.		

By signing below, I verify the applicant has:

- 1) Satisfied all the requirements of the state-approved educator preparation or the endorsement program to be eligible for certification/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 educator while participating in the state-approved program.

Signature of Certifying Official  Printed Name  Title  Date

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# TEACHER CERTIFICATE STATE-APPROVED PROGRAM VERIFICATION

## APPLICANT INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Last four (4) digits of Social Security Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## SIGNATURE

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

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

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

**Email Address**

## 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.**