PERSONAL INFORMATION
Enter all personal information in the spaces provided, including contact phone number(s) and email address. The Teacher Certification Office will mail your certificate to the address that you provide. If you have held Alaska certification prior to this application and your name has changed, you will need to submit a photocopy of a legal document verifying the change with your application packet.

It is your responsibility to maintain current information, including name and mailing address, on file with the Teacher Certification Office. You may update your contact information by emailing the Teacher Certification Office at tcwebmail@alaska.gov or online at https://education.alaska.gov/TeacherCertification/ContactChange/.

BACKGROUND INFORMATION
Answer the questions one through eight (1-8) carefully and completely. Answer “yes” or “no” to questions one through six (1-6) as they apply to you. If the answer to any of these questions is “yes,” provide a written, detailed explanation of the incident and sign it. It is not necessary to provide a written explanation of a minor traffic violation. Include a written explanation of incidents involving Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).

If you answer “yes” to question seven (7) or eight (8), provide the information requested.

If a signed, detailed explanation is not provided for any “yes” answers to questions one through six (1-6) or if your explanation is not signed, your application will be returned unprocessed.

Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification.

ETHNICITY
Check the box that most appropriately applies to you. Definitions for each choice are provided.

CERTIFICATION REQUIREMENTS
Check the box next to the special services certificate (Provisional, Regular, or Reemployment) for which you are eligible to apply. Use the list of requirements for all applicants and the list of requirements under each certificate description to determine your eligibility.

RECORD OF TRAINING
List all the colleges/universities you attended to complete your degree(s) and state-approved preparation program(s). Attach an additional sheet of paper if necessary. Your official transcripts must show the completion of at least a bachelor’s degree from a regionally accredited university to qualify for special services certification. If you completed your degree outside of the United States, a complete, original foreign evaluation must be submitted with your application.

If you have completed the required Alaska multicultural, Alaska studies and recency credit coursework, provide the requested information. If you have not completed the coursework, indicate the courses you plan to take and the anticipated dates of completion.

Official transcripts and/or foreign evaluations may be opened, but not marked on in any way. Unofficial, photocopied, electronic, scanned or faxed transcripts or evaluations will not be accepted.

Do not request universities to submit transcripts directly to the Teacher Certification Office. If your application packet is missing any of your transcripts, your application will be returned unprocessed.

PREVIOUS ALASKA CERTIFICATION
Check the box next to the statement that describes your Alaska certification status. If applicable, provide the requested information concerning your previous Alaska special services certificate(s).
REQUESTED ENDORSEMENTS
Endorsements will only be granted if they have been requested in this section of the application. List all endorsements that you are requesting to be on your certificate. When requesting an endorsement, indicate endorsement area and grade level if applicable.

Requesting an endorsement does not guarantee that the endorsement will be granted. Endorsements will only be granted based on Alaska’s endorsement requirements.

Additional Endorsement Requirements:

SCHOOL PSYCHOLOGIST ENDORSEMENT:
For the "school psychology" endorsement, the applicant must either:
1) hold a master's or higher degree in school psychology
2) have completed a 1,200-hour internship in school psychology, 600 hours of which must be completed on site in preschool or kindergarten - grade 12 programs;
3) be recommended for endorsement by an institution whose psychology program has been approved by
   a. the National Council for Accreditation of Teacher Education (NCATE),
   b. the National Association of State Directors of Teacher Education and Certification (NASDTEC),
   c. the National Association of School Psychologists (NASP), or
   d. the American Psychological Association (APA)

-OR-
1) hold a master's degree or higher in a related field
2) be a nationally certified school psychologist under the National School Psychologist Certification System established by the National Association of School Psychologists (NASP).

SPEECH, LANGUAGE, OR HEARING ENDORSEMENTS:
For speech, language, or hearing endorsement, the applicant must
1) Be recommended for the endorsement by an institution whose program has been accredited by
   a. National Council for Accreditation of Teacher Education (NCATE)
   b. National Association of State Directors of Teacher Education and Certification (NASDTEC), or
   c. approved by the American Speech-Language-Hearing Association (ASHA).
2) Hold a master's or higher degree with major emphasis in speech-language pathology, audiology, or speech-language and hearing science;
or
   Possess certification of clinical competence from the American Speech-Language-Hearing Association

If the requested endorsement section is not completed, your application will be returned unprocessed.

FEE SCHEDULE & ONLINE PAYMENT CENTER RECEIPT
The application fee is $200.00. The background check fee is $60.00. If you are required to provide a fingerprint card, submit a total of $260.00. You may pay with a credit card via the EED Online Payment Center, with a cashier’s check (payable to EED), or money order. Personal checks will not be accepted. Fees are non-refundable.

If paid for via the Online Payment Center, you must include the EED Payment receipt with your application ([https://education.alaska.gov/TeacherCertification/PaymentCenter](https://education.alaska.gov/TeacherCertification/PaymentCenter)).

If your application is submitted with a personal check or without a valid form of payment, your application will be returned unprocessed.
FINGERPRINT CARD CHECKLISTS
When applying for certification in Alaska, you must submit one (1) fingerprint card with your application. The fingerprint card will be used to generate a criminal history report by the Alaska Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI). The criminal history report will be used as one part of the background check required for Alaska certification.

The Teacher Certification Office cannot accept criminal history reports completed by other entities, including other states and countries. For the purpose of certification in Alaska, criminal history reports must be completed by the Alaska Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI).

If there is an error on your criminal history report, you may request the Alaska Department of Public Safety (DPS) correct the information. To begin the correction process, you must complete and submit a Request to Correct Criminal Justice Information form. If the information believed to be inaccurate or incomplete in your criminal history was, or will be used to deny a right or privilege, the Department of Public Safety (DPS) has 5 days to respond to the request or to forward it to the agency responsible for maintaining the requested criminal history information. If you have documentation on your criminal case, please be prepared to provide a copy at the time you request a correction to your record. It may help to expedite your request. One of the most common correction requests is to locate missing disposition information. More information concerning criminal history reports can be located at http://www.dps.state.ak.us/Statewide/background/default.aspx.

If you cannot obtain a fingerprint card locally, email the Teacher Certification Office at tcwebmail@alaska.gov to request a card be sent to you. More information and instructions can be found at https://education.alaska.gov/TeacherCertification/fingerprints.html.

You must have your fingerprints rolled by a trained technician. The technician must sign and date the card in the appropriate space. All personal information must be filled in, including signature, residence, citizenship, sex, height, weight, race, eye color, hair color, date of birth, and place of birth.

Fingerprint card exceptions:
If you currently hold an Alaska teacher or administrative certificate and are currently employed in a certified position in an Alaska public school district, you may be eligible to submit employment verification instead of an additional fingerprint card.

If you have submitted a fingerprint card for a background check to the Teacher Certification Office in the previous six months, you may be eligible to use your previous background check for this application.

If you have any questions concerning employment verification or a previous background check, email the Teacher Certification Office at tcwebmail@alaska.gov.

If your application is submitted without a complete fingerprint card or an acceptable alternative, your application will be returned unprocessed.

REQUIREMENT CHECKLISTS
You must satisfy all requirements listed in this section in order to qualify for certification. You must include all the items on the checklists that apply to the type of certificate for which you are applying in a single application packet. Review your application packet for completeness before submitting it to the Teacher Certification Office.

If you have questions about the requirements, email the Teacher Certification Office at tcwebmail@alaska.gov.

If you have not met all of the requirements listed in this section or your application packet is missing any of the required items or any item is incomplete, your application will be returned unprocessed.

IMPORTANT NOTES
Read the important notes that are associated with the type of certificate for which you are applying. When you sign the notarization section, you will attest that you understand the requirements that will need to be met to maintain your Alaska certification.
NOTARIZATION
The application must be signed and dated by the applicant in the presence of a Notary Public or Postmaster. The application must be notarized by a certified Notary Public. If a Notary Public is not available to you, a Postmaster may sign, date, and stamp this affidavit.

*If any portion of this section is incomplete, your application will be returned unprocessed.*

RECOMMENDATIONS
Most applicants must submit a State or Institutional Recommendation form with this application. These forms are located on pages 15-18

The forms must first be sent to the state agency or the university where you completed a state-approved preparation program. More detailed directions on the completion of these forms can be found on page 13.

MAIL YOUR APPLICATION
Mail a single application packet with all of the required items to the Teacher Certification Office at the following address:

Department of Education & Early Development
Teacher Education & Certification
801 West 10th Street, Suite 200
PO Box 110500
Juneau, AK  99811-0500

*If an item is missing or incomplete, your application packet will be returned unprocessed to the address you provide in the personal information section of your application.*

*If you would like your original documents returned, you must include a self-addressed, stamped envelope with your application packet.*
PERSONAL INFORMATION

LAST NAME          FIRST NAME          M.I.          SOCIAL SECURITY NUMBER

MAILING ADDRESS                  CITY                  STATE          ZIP CODE

HOME PHONE NUMBER               WORK OR MOBILE PHONE NUMBER          GENDER

HOME 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/.

BACKGROUND INFORMATION

Answer the following questions carefully and completely. If you answer "yes" to any of the questions 1-6, provide a detailed statement in the box below or on a separate sheet of paper. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification.

☑️ YES ☐ NO  1. Have you been convicted for a violation of criminal law, except for minor traffic violations? Please include convictions for Driving While Intoxicated (DWI) and Driving Under the Influence (DUI).

☑️ YES ☐ NO  2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include any state, province, territory, and/or country.

☑️ YES ☐ NO  3. Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.

☑️ YES ☐ NO  4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions, revocations, voluntarily surrenders, or voidance).

☑️ YES ☐ NO  5. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.

☑️ YES ☐ NO  6. Have you ever been denied certification? This would include any state, province, territory, and/or country.

If you answered "yes" to any of the questions above (1-6), provide a detailed statement here. If you need additional space, provide the detailed statement on a separate sheet of paper and sign it.

☑️ YES ☐ NO  7. Are you currently under contract or have you been offered a contract with a public school district in Alaska? If yes, please complete the following.

Alaska public school district: __________________________, beginning contract date: ______________

☑️ YES ☐ NO  8. Are you currently under contract or have you been offered a contract with a public school district in Alaska? If yes, please complete the following.

STATE ___________ EXPIRES: ___________ STATE ___________ EXPIRES ___________
ETNICITY
- Alaska Native
- Asian or Pacific Islander
- African American
- Hispanic
- Caucasian
- American Indian/Native American
- Other

Alaska Native: Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. This may include, for example, any person of Yup’ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.

Asian or Pacific Islander: Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

African American: (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.

Hispanic: Any person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race.

Caucasian: (Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

American Indian/Native American: Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.

CERTIFICATE REQUIREMENTS & SELECTION
Use the lists of requirements under each certificate type to determine if you qualify for an Initial certificate. Check the box next the type of Initial certificate for which you are applying.

REQUIREMENTS FOR ALL APPLICANTS: To be eligible for a Special Services certificate, all applicants must have completed the following:

- A bachelor’s degree or higher from a regionally accredited university
  Note: Applicants seeking a school psychologist endorsement must hold a master’s degree or higher to be eligible for certification. Applicants seeking endorsements in speech-language pathology, audiology, or speech-language and hearing science must hold a master's or higher degree in the endorsement area or possess certification of clinical competence from the American Speech-Language-Hearing Association (ASHA) in the endorsement area.

- A state-approved special services program in the specific special service areas.

- PROVISIONAL/2-YEAR
  - Never held a Provisional Alaska special services certificate
    -and-
    Not eligible for reinstatement of a Regular special services certificate

- REGULAR/5-YEAR
  - Official transcripts showing:
    o 3 semester hours of approved Alaska studies coursework
    o 3 semester hours of approved Alaska multicultural coursework
    o 6 semester hours of recency credit

- REEMPLOYMENT/1-YEAR
  - Has never held an Alaska Reemployment special services certificate
  - Held an Alaska special services certificate that was valid for at least two years
  - Not eligible for reinstatement of a Regular special services certificate
  - Held an regular or provisional certificate that expired more than one year prior to application
RECORD OF TRAINING
List all the colleges/universities you attended to complete your degree(s) and state-approved preparation program(s). Attach an additional sheet of paper if necessary.

<table>
<thead>
<tr>
<th>DEGREE(S) EARNED</th>
<th>COLLEGE OR UNIVERSITY</th>
<th>CITY, STATE</th>
<th>MAJOR/PROGRAM</th>
<th>YEARS ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate the college or university where you have met or plan to meet the following coursework requirements.

<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>COLLEGE OR UNIVERSITY</th>
<th>COURSE NUMBER(S)</th>
<th>DATE OR ANTICIPATED DATE OF COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three (3) semester hours of APPROVED Alaska studies coursework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three (3) semester hours of APPROVED Alaska multicultural coursework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Six (6) semester hours or nine (9) quarter hours of credit earned within the past five years.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If completed in the past five years, the Alaska studies and Alaska multicultural coursework can be used to meet the recency requirement.

PREVIOUS ALASKA CERTIFICATION
Indicate which statement describes your Alaska certification status.

- [ ] I have never held an Alaska Special Services certificate.
- [ ] I have held the following Alaska Special Services certificates with the issue dates indicated below:

<table>
<thead>
<tr>
<th>Certificate Type</th>
<th>Issue Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional/Temporary</td>
<td></td>
</tr>
<tr>
<td>Regular (5-year)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate Type</th>
<th>Issue Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reemployment</td>
<td></td>
</tr>
<tr>
<td>Retired/Lifetime</td>
<td></td>
</tr>
</tbody>
</table>
REQUESTED ENDORSEMENTS

List all requested endorsements and grade levels. Qualifying endorsements will only be granted if they have been requested in this section of the application. **You may only request endorsement areas found on the “List of Endorsements” located on page 12 of this application.**

**PROVISIONAL/REGULAR:** Endorsements may only be requested based on your Institutional or State Recommendation.

**REEMPLOYMENT:** Endorsements may only be requested based on your previous Alaska special services certificate.

<table>
<thead>
<tr>
<th>ENDORSEMENT AREA</th>
<th>GRADE LEVEL(S)</th>
<th>ENDORSEMENT AREA</th>
<th>GRADE LEVEL(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______________</td>
<td>_____________</td>
<td>3. _______________</td>
<td>_____________</td>
</tr>
<tr>
<td>2. _______________</td>
<td>_____________</td>
<td>4. _______________</td>
<td>_____________</td>
</tr>
</tbody>
</table>

**SCHOOL PSYCHOLOGIST ENDORSEMENT:**

For the school psychology endorsement, the applicant must either:

1. hold a master’s or higher degree in school psychology
2. have completed a 1,200-hour internship in school psychology, 600 hours of which must be completed on site in preschool or kindergarten - grade 12 programs; and
3. be recommended for endorsement by a school psychology program has been approved by
   a. the National Council for Accreditation of Teacher Education (NCATE),
   b. the National Association of State Directors of Teacher Education and Certification (NASDTEC),
   c. the National Association of School Psychologists (NASP), or
   d. the American Psychological Association (APA)
   e. the state with jurisdiction over the program as meeting that state’s standards for the endorsement area on a comparable certificate.

-OR-

1. hold a master’s degree or higher in a related field, and
2. be a nationally certified school psychologist under the National School Psychologist Certification System established by the National Association of School Psychologists (NASP). (NASP Certification serves as the recommendation. An Institutional or State recommendation is not required.)

**SPEECH, LANGUAGE, OR HEARING ENDORSEMENTS:**

For speech, language, or hearing endorsement, the applicant must

1) Be recommended for the endorsement by the speech, language or hearing program that has been accredited by the
   a. National Council for Accreditation of Teacher Education (NCATE)
   b. National Association of State Directors of Teacher Education and Certification (NASDTEC),
   c. approved by the American Speech-Language-Hearing Association (ASHA), or
   d. approved by the state with jurisdiction over the program as meeting that state’s standards for the endorsement area on a comparable certificate;

-AND-

2) Hold a master’s or higher degree with major emphasis in speech-language pathology, audiology, or speech-language and hearing science;

-OR-

Possess certification of clinical competence from the American Speech-Language-Hearing Association (ASHA) in the endorsement area.
IMPORTANT NOTES (See instructions on page 4)

PROVISIONAL/2-YEAR

Within two years from the date that your application was received by the Teacher Certification Office, you must be eligible to apply for a Regular Special Services certificate. In order to be eligible, you must have official transcripts showing the completion of 3 semester hours of approved Alaska studies coursework, 3 semester hours of approved Alaska multicultural coursework and 6 semester hours of recency credit. To apply for a Regular Special Services certificate, you must submit in one application packet your Regular Special Services application and your official transcripts showing completion of the required coursework to the Teacher Certification Office.

If you do not satisfy these requirements, you will no longer be eligible to be employed as a special services provider in an Alaska public school when your Provisional special services certificate expires.

REEMPLOYMENT/1-YEAR

When your Reemployment certificate expires, you must meet all requirements for and apply for a Regular Special Services certificate.

If you do not satisfy these requirements and apply for a Regular special services certificate, you will no longer be eligible to be employed as a special services provider in an Alaska public school when your Reemployment special services certificate expires.

REGULAR/5-YEAR

Your Regular/5-year special services certificate is renewable. To renew a Regular Special Services certificate, you will need to complete six semester hours of renewal credit during the life of the certificate being renewed.

More information concerning the renewal process is available at https://education.alaska.gov/TeacherCertification/forms/ReneworReinstateCertificates.pdf.

NOTARIZATION (See instructions on page 4)

The application must be signed and dated by the applicant in the presence of a Notary Public or Postmaster. The application must be notarized by a certified Notary Public. If a Notary Public is not available to you, a Postmaster may sign, date, and stamp this affidavit.

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: ______________________

I have read the IMPORTANT NOTES concerning the certificate for which I am applying. I understand the requirements to maintain my certification. If I do not satisfy the requirements, I understand that I will no longer hold Alaska certification and will not be eligible to hold a certified special services position in an Alaska public school.

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 ______________________

CHECKLIST

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

(Special services) www.education.alaska.gov/TeacherCertification/ 12/30/2016
INITIAL SPECIAL SERVICES
CERTIFICATION APPLICATION

You must include all of the items required for the certificate for which you are applying in a single application packet. If any item is missing or incomplete, the entire application packet will be returned unprocessed. Mark the checkbox next to each requirement to indicate the item is included in your application packet. Photocopied/faxed applications will not be accepted.

ALL APPLICANTS

✓ Complete Application
Make sure all sections of the application are complete (pages 5—9). Mail the complete packet to the Teacher Certification Office at the address provided at the bottom of page 4. For additional information, see instructions on page 1 – 4.

✓ Official transcripts from a regionally accredited university verifying your degree and, if applicable, a valid certificate from recognized national organization in the endorsement area. Official transcripts reflecting all coursework and degree(s) must be submitted with the application. If you completed your degree outside of the United States, a complete, original foreign evaluation must be submitted with your application. Unofficial, photocopied, faxed, scanned or electronic documents will not be accepted.

✓ For School Psychology Endorsement:
  1) Official transcripts from a regionally accredited university verifying a master’s degree or higher in school psychology which included a school psychology internship of 1200 hours, 600 hours of which was on site at a Pre-K -12 school setting.
  -OR-
  2) Official transcripts, from a regionally accredited university, verifying a master’s degree or higher in a related field and a National School Psychologist Certification issued by NASP. (A recommendation is not required.)

✓ For Speech, Language, or Hearing Endorsements:
  1) Official transcripts, from a regionally accredited institution, verifying a bachelor’s degree or higher and a certificate of clinical competence in the specific endorsement area from ASHA.
  -OR-
  2) Official transcripts, from a regionally accredited university, verifying a master’s degree or higher in the specific endorsement area.

✓ For all other endorsement areas: Official transcripts, from a regionally accredited institution, verifying a bachelor’s degree or higher.

*****************************************************************************

✓ Recommendation verifying the program completed was a state-approved special services preparation program offered by
  1) a regionally accredited institution
  -or -
  2) an alternative program approved by the state in which the program is offered as meeting the state’s standards for a comparable certificate.

A regionally accredited institution must complete the Institutional Recommendation (IR) form. For an alternative program, the state in which the program is offered must complete the State Recommendation (SR). The original recommendation form must be included with the application. See exceptions for school psychologist. Photocopies/faxes will not be accepted.

–OR–

Foreign Evaluation verifying the completion of a special services preparation outside of the United States
(See https://education.alaska.gov/TeacherCertification/forms/Foreign_Evaluation_Info.pdf).

✓ Application Fees
The application fee is $200.00. The background check fee is $60.00. If you are required to provide a fingerprint card, submit a total of $260.00. You may pay with a credit card via the EED Online Payment Center, with a cashier’s check (payable to EED), or money order. Personal checks will not be accepted. Fees are non-refundable.

If paid for via the Online Payment Center, you must include the EED Payment receipt with your application (https://education.alaska.gov/TeacherCertification/PaymentCenter).

✓ Signature and Notarization
The "Notarization" section of the application must be completed. A Notary Public or a Postmaster must witness and verify your signature with a signature and stamp/seal.

Checklist (cont.)
INITIAL SPECIAL SERVICES
CERTIFICATION APPLICATION

ALL APPLICANTS

☐ Fingerprint Card
You are required to submit one (1) FBI Applicant fingerprint card (Form FD-258). If you cannot obtain the fingerprint card locally, email the Teacher Certification Office to request a card be sent to you. Use the Fingerprint Card Checklist to make sure that all required information has been provided.

-OR-

Employment Verification
If you currently hold an Alaska teacher or administrative certificate and have been employed in a certified position in an Alaska public school district, you may be eligible to submit employment verification instead of an additional fingerprint card.

For Applications During the School Year: Submit employment verification for the current school year.

For Applications During the Summer Months: Applications submitted prior to July 1st must include employment verification from the previous school year. Applications submitted after July 1st must include employment verification for the following school year.

A letter from the employing school district personnel department, a salary placement statement, or a photocopy of your fully signed contract can be used for employment verification. Email the Teacher Certification Office at tcwebmail@alaska.gov if you have any questions.

-OR-

Previous Background Clearance
If you have submitted a fingerprint card for a background check to the Teacher Certification Office in the previous six months, email the Teacher Certification Office at tcwebmail@alaska.gov to determine if your previous background check can be used for this application.

REGULAR/5-YEAR

☐ Official transcripts verifying the completion of 3 semester hours of approved Alaska studies, 3 semester hours of approved Alaska multicultural coursework and 6 semester hours of recency credit. The recency credit must have been complete in the five years prior to application. (page 7) Official transcripts reflecting all the required coursework must be included with the application. Unofficial, photocopied, faxed, or electronic transcripts will not be accepted. If completed in the past five years, the Alaska Studies and Alaska Multicultural coursework can be used to satisfy the recency requirement. Official transcripts may be opened, but not marked on in any way. (More information on page 1)

REEMPLOYMENT/1-YEAR

☐ Previous Alaska provisional or regular special services certificate that has been expired for longer than one year. (page 5) A copy of your expired Alaska special services certificate must be included with the application. NOTE: If you choose this option, within one year from the date the application is received by the Teacher Certification Office, you must meet all requirements and apply for the Regular special services certificate. (More information on page 2)

FINGERPRINT CARD CHECKLIST
If you are required to submit one (1) fingerprint card, Form FD-258 or similar, with your application, use the following checklist to make sure that all the required information on the fingerprint card has been completed.

☐ Fingerprint cards must be rolled by a trained technician.
☐ The technician must sign and date the card in the appropriate space.
☐ All personal information below must be filled in:
  ☐ signature ☐ height ☐ hair color
  ☐ residence ☐ weight ☐ date of birth
  ☐ citizenship ☐ race ☐ place of birth
  ☐ gender ☐ eye color
APPLICANT DIRECTIONS:

1) Complete the APPLICANT INFORMATION section only on both pages of the appropriate form.

2) Leave the remaining sections of the form blank. The university must complete all other sections.

3) Contact the university to determine who within the organization has the authority to verify the completion of the state-approved school special services program.

4) If your school special services program was completed at a university, mail, scan and email, or fax this page of instructions, the list of endorsements and the Institutional Recommendation form to the dean or certification officer within the university where you completed your program.

You must submit an Institutional Recommendation form with your application. Use only the form that applies to your situation.

If you completed a state-approved university-based special services preparation program, submit the Institutional Recommendation with your application.

If you have completed a special services 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.

If your application packet does not include an Institutional Recommendation your application will be returned unprocessed.

UNIVERSITY OR STATE AGENCY DIRECTIONS:

1) Provide all of the requested information in the following sections of the Institutional or State Recommendation form provided by the applicant:

   a. PROGRAM STANDARDS
   b. DEGREE INFORMATION
   c. CLINICAL PRACTICE
   d. CERTIFICATION INFORMATION
   e. ENDORSEMENT INFORMATION
   f. SIGNATURE
   g. STAMP OR SEAL

2) If a stamp or seal is not available, complete all information using blue ink.

3) Return the original Institutional or State Recommendation form to the applicant. Photocopies/faxes will not be accepted.

If you have any questions concerning the completion of the Institutional or State Recommendation form, email tcwebmail@alaska.gov for assistance.
SPECIAL SERVICES ENDORSEMENTS
SCHOOL COUNSELOR
GUIDANCE AND COUNSELING

SCHOOL LIBRARIAN
LIBRARY SCIENCE
MEDIA SPECIALIST

SCHOOL NURSE
NURSING

EDUCATIONAL DIAGNOSTICIAN
SCHOOL PSYCHOLOGIST
SCHOOL PSYCHOMETRIST

SCHOOL SOCIAL WORK

SPEECH/LANGUAGE PATHOLOGY
SPEECH PATHOLOGY
AUDIOLOGY
SPEECH AND HEARING
SPEECH THERAPY

OCCUPATIONAL THERAPY
PHYSICAL THERAPY
ORIENTATION AND MOBILITY

GRADE LEVELS

BIRTH – GRADE 3  GRADES K-3  GRADES 5-8  GRADES 7-10 GRADES 9-12
PRE K – GRADE 3  GRADES K-5  GRADES 5-12 GRADES 7-12
PRE K – GRADE 12  GRADES K-8

Important Note: Other grade level combinations are available. Grade levels reflect the range of grades that your preparation program is approved to prepare you to teach.
Alaska certifies school administrators who have completed state-approved, university-based school special services preparation programs or state-approved alternative school special services preparation programs.

This form should only be used if a state-approved, university-based school special services preparation program was completed. If the applicant has completed a state-approved school special services preparation program, the state where the program is located must complete a State Recommendation for the applicant.

**APPLICANT INFORMATION**
This section is to be completed by the applicant before submission to the 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.

**COLLEGE/UNIVERSITY INFORMATION**
Only sign this form if the applicant has completed a state-approved university-based school special services preparation program that included a supervised clinical practice and a planned program of study and qualifies the applicant for a regular special services certificate.

All endorsements listed on this form must be based on the completion of a state-approved program offered at your university.

Do not include endorsements based on testing alone.

Your state’s requirements for certification and endorsements may vary from your approved program. Deviations from your institution’s approved program may be acceptable, but require a formal rationale on university letterhead along with supporting documentation.

Do not sign this form if the applicant has only met your state’s requirements for certification or endorsement, but has not completed the approved university program.

**PROGRAM STANDARDS**
Specify which standards the approved program meets:
- CAEP/NCATE
- STATE STANDARDS FROM AN NCATE PARTNERSHIP STATE
- STATE STANDARDS FROM AN NON-NCATE PARTNERSHIP STATE
- NASDTEC
- NASP
- ASHA
- APA

**DEGREE INFORMATION**
Specify the type of approved program completed:
- B.ED
- MA
- MAT
- ED.D
- BS or BA
- MS
- M.ED
- PH.D
- CERTIFICATION ONLY
- OTHER ______________

**CLINICAL PRACTICE**
Specify the type of clinical practice required by the state-approved program and satisfied by the applicant:
- SUPERVISED SPECIAL SERVICES INTERNSHIP
- SUPERVISED SPECIAL SERVICES EXPERIENCE
- EVIDENCE OF PREVIOUS SCHOOL SPECIAL SERVICES EXPERIENCE THAT SATISFIED THE CLINICAL PRACTICE REQUIREMENT

**ENDORSEMENT INFORMATION**
Only select endorsements from Alaska’s “List of Endorsements” to complete this section. If the “List of Endorsements” was not provided by the applicant, contact the Teacher Certification Office for a copy of the list. Alaska only accepts endorsements earned by the completion of a state-approved program; do not include endorsements based on testing alone.

<table>
<thead>
<tr>
<th>ENDORSEMENT AREA</th>
<th>GRADE LEVEL(S)</th>
<th>YEAR OF COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>2. ______________</td>
<td>______________</td>
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</tr>
<tr>
<td>3. ______________</td>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>4. ______________</td>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>

By signing below, I verify that the applicant has met all institutional requirements for the approved programs (as defined above) in the areas listed. In addition, I verify that the applicant maintained ethical standards required of an educator while attending the institution.

SIGNATURE OF DEAN OR CERTIFYING OFFICIAL | PRINTED NAME | TITLE | DATE
---|---|---|---

(Continued on next page)
This form should only be used if a state-approved, university-based school special services preparation program was completed. If the applicant has completed a state-approved alternative school special services preparation program, the state where the program is located must complete a State Recommendation for the applicant.

APPLICANT INFORMATION

LAST NAME
FIRST NAME
MIDDLE INITIAL
SOCIAL SECURITY NUMBER

SIGNATURE

NAME OF INSTITUTION
CITY
STATE

REGIONAL ACCREDITING ASSOCIATION

SIGNATURE OF DEAN OR CERTIFYING OFFICIAL
PRINTED NAME
TITLE
DATE

PHONE NUMBER
FAX NUMBER

EMAIL ADDRESS

STAMP OR SEAL

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

Return the Institutional Recommendation to the applicant. Photocopies/faxes will not be accepted.
Alaska certifies school administrators who have completed a state-approved, university-based school special services preparation program or a state-approved alternative school special services preparation program.

This form should only be used if the applicant has completed a state-approved alternate school special services preparation program. If the applicant has completed a state-approved, university-based special services preparation program, the preparing university must complete an Institutional Recommendation for the applicant.

**APPLICANT INFORMATION**

This section is to be completed by the applicant before submission to the state department of education. All other sections are to be completed by the preparing state's commissioner of education.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAILING ADDRESS                    CITY              STATE           ZIP CODE

The remaining sections are to be completed by the preparing state's chief state school officer or certifying official, **not** the applicant.

**STATE INFORMATION**

Only sign this form if the applicant has completed a state-approved alternative special services preparation program that included a supervised clinical practice and a planned program of study and qualifies the applicant for a regular special services certificate.

All endorsements listed on this form must be based on the completion of a state-approved program. Do not include endorsements based on testing alone.

<table>
<thead>
<tr>
<th>PROGRAM STANDARDS</th>
<th>CLINICAL PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify which standards the state-approved program meets:</td>
<td>Specify the type of clinical practice required by the state-approved program and satisfied by the applicant:</td>
</tr>
<tr>
<td>❑ NCATE</td>
<td>❑ SUPERVISED SPECIAL SERVICES INTERNSHIP</td>
</tr>
<tr>
<td>❑ STATE STANDARDS FROM A NCATE PARTNERSHIP STATE</td>
<td>❑ SUPERVISED SPECIAL SERVICES EXPERIENCE</td>
</tr>
<tr>
<td>❑ STATE STANDARDS FROM A NON-NCATE PARTNERSHIP STATE</td>
<td>❑ EVIDENCE OF PREVIOUS EXPERIENCE THAT SATISFIED THE CLINICAL PRACTICE REQUIREMENT</td>
</tr>
<tr>
<td>❑ NASDTEC</td>
<td></td>
</tr>
<tr>
<td>❑ OTHER: ___________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

**ENDORSEMENT INFORMATION**

Only select endorsements from Alaska's "List of Endorsements" to complete this section. If the "List of Endorsements" was not provided by the applicant, contact the Teacher Certification Office for a copy of the list. Alaska only accepts endorsements earned by the completion of a state-approved program; do not include endorsements based on testing alone.

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<th>YEAR OF COMPLETION</th>
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<th>YEAR OF COMPLETION</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td>_______________</td>
<td>_______________</td>
<td>4. _______________</td>
<td>_______________</td>
<td>_______________</td>
</tr>
</tbody>
</table>

By signing below, I verify that the applicant has met all the requirements of the state-approved programs (as defined above) for the endorsement areas listed. In addition, I verify that the applicant maintained ethical standards required of an educator while participating in the state-approved program.

<table>
<thead>
<tr>
<th>SIGNATURE OF STATE CERTIFYING OFFICIAL</th>
<th>PRINTED NAME</th>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
</table>

-CONTINUED ON NEXT PAGE-
This form should only be used if the applicant has completed a state-approved alternate special services preparation program. If the applicant has completed a state-approved, university-based special services preparation program, the preparing university must complete an Institutional Recommendation for the applicant.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

**SIGNATURE**

STATE

SIGNATURE OF STATE CERTIFYING OFFICIAL

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
</table>

**STAMP OR SEAL**

STATE STAMP OR SEAL (IF AVAILABLE). IF NOT AVAILABLE, FORM MUST BE SIGNED IN BLUE INK

Return the State Recommendation to the applicant. Photocopies/faxes will not be accepted.