 Standard Certification Application

Teacher Certification - Alaska Department of Education and Early Development

**THIS IS A STANDARD APPLCATION THAT MUST BE SUBMITTED WITH A CERTIFICATE CHECKLIST AND THE SUPPORTING DOCUMENTATION NOTED WITHIN THE CERTIFICATE’S CHECKLIST**

# PERSONAL INFORMATION

Enter all personal information in the spaces provided, including contact phone number(s) and email address.

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:

# BACKGROUND INFORMATION

Answer the questions one through six (1-6) carefully and completely by answering “yes” or “no” to the questions 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. Include a written explanation of incidents involving Driving While Intoxicated (DWI) or Driving under the Influence (DUI), no contest, guilty pleas and cases resulting in a suspended imposition of sentence. It is not necessary to provide a written explanation of a minor traffic violation.

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 issued to you by another jurisdiction?
If “yes,” list the agency, including contact information 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 by another jurisdiction?
Adverse action includes letters of warning, reprimands, suspensions, revocations, surrenders, or voidance. Yes [ ]  No [ ]
5. Have you ever been investigated by another certification agency for allegations of misconduct?
If “yes,” list the agency, including contact information 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. Yes [ ]  No [ ]

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.

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# ETHNICITY

Check the box that most appropriately applies to you.

**[ ]  African American**: A person (not of Hispanic origin) having origins in any of the black racial groups of Africa.

**[ ]  Alaska Native**: A person who is a descendant of a member of the aboriginal races inhabiting the state when annexed to the United States, or who is a descendant of an Indian or Eskimo who, since the year 1867 and prior to June 30, 1952, migrated into the state from Canada, and who is a descendant having at least one- quarter blood derived from these ancestors. This may include, for example, any person of Yup’ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.

**[ ]  American Indian**: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**[ ]  Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**[ ]  Caucasian**: A person (not of Hispanic origin) having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**[ ]  Hispanic**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**[ ]  Native Hawaiian or Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**[ ]  Two or more races**: A person who primarily identifies their ethnic heritage with more than one subgroup.

# CERTIFICATION HISTORY

Answer the questions concerning your certification status.

Have you ever held a teaching, administrative or special services certificate in another state? Yes [ ]  No [ ]

State:    Expires:       State:    Expires:

## Previous Alaskan Certification

Check the box next to the statement that describes your Alaska certification status. If applicable, provide the requested information concerning your previous Alaska certificate(s).

**[ ]  I have never held an Alaska teaching, administrative, or special services certificate.**

**[ ]  I held an Alaska Student Teacher Authorization that expired on:**

**[ ]  I have held one or more Alaska certificates that expired on:**

# EMPLOYMENT STATUS

Are you currently under contract or have been offered a contract with a public school district in Alaska? Yes [ ]  No [ ]
If yes, please complete the following:

Alaska public school district:      Beginning contract date:

Position description:       Location:

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# RECORD OF TRAINING

Official transcripts from the colleges/universities where you earned your degrees or completed your state-approved preparation program must be included with the application. If you completed your degree outside of the United States, a complete, original Foreign Evaluation must be submitted with your application. [Link for more information concerning Foreign Evaluations.](https://education.alaska.gov/TeacherCertification/forms/Foreign_Evaluation_Info.pdf) (https://education.alaska.gov/TeacherCertification/forms/Foreign\_Evaluation\_Info.pdf).

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.

**Degree(s) Earned Institution City, State Major / Program Date Completed**

If you have submitted the required transcripts with previous applications, verify the transcripts are still on file by contacting the Teacher Education & Certification Office at tcwebmail@alaska.gov. If additional transcripts need to be submitted, do not send them separately to the Teacher Education & Certification Office.

**Notes:**

* Request your transcripts be sent directly to you and include them in your application packet.
* Do not request universities to submit transcripts directly to the Teacher Education & Certification Office.
* Official transcripts and/or Foreign Evaluations may be opened, but not marked on in any way.
* Unofficial, photocopied, electronic, or faxed transcripts or evaluations will not be accepted.

# MANDATORY TRAININGS

You must have completed the four mandatory trainings within the five years prior to the date of application.

1. Please indicate if the training was completed through the Department of Education and Early Development (DEED), or through an alternate training offered by your school district.
	1. The Mandatory Training Record Form must be submitted in place of certificates from your school district.
2. Please indicate the date that the training was completed.

Mandatory Trainings DEED District Date of Completion

Sexual abuse awareness and prevention (AS 14.30.355) [ ]  [ ]

Suicide awareness and prevention (AS 14.30.362) [ ]  [ ]

Alcohol or drug related disabilities (AS 14.20.680) [ ]  [ ]

Dating violence awareness and prevention (AS 14.30.356) [ ]  [ ]

**The following applications are exempt from completing the Mandatory Trainings;**

[ ]  Initial Teacher Out-of-State application [ ]  Initial Teacher Program Enrollment application

[ ]  Special Education Waiver application [ ]  Initial Teacher/Administrative/Special Services Re-Employment application

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# POSITIONS HELD

Provide all the information requested concerning each position you have held in a public school district. Attach an additional sheet of paper if necessary.

**Year(s) School, District or Organization City, State Position FT/PT**

# NOTIFICATIONS AND ASSURANCES

This is a general application form that is required for certification in the State of Alaska. Refer to the checklist for the specific certification for which you are applying to ensure that you are eligible for certification. Also, use the checklist to make sure that you include all of the required supporting documents in the application packet you compile and submit to our office.

The Teacher Education & 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 Education & Certification Office. You may update your contact information through our [website](https://education.alaska.gov/TeacherCertification/ContactChange/). (education.alaska.gov/TeacherCertification/ContactChange/).

# SIGNATURE

I certify that I have read and understand the information in the notification and assurance section, the fingerprinting and criminal history reports section, and the privacy statement section. I also understand the process for challenging their criminal history record. The information provided in this application is true and correct to the best of my knowledge.

Applicant Signature:       Date:

# MAIL YOUR APPLICATION

The application and supporting documents must be mailed to the Teacher Certification office at the following address:

Department of Education and Early Development

Teacher Certification

PO Box 110500

Juneau, AK 99811-0500

Photocopies, scanned or faxed applications will not be accepted.

# CONTACT TEACHER CERTIFICATION

If you have questions, please use the following information to contact the Teacher Education & Certification Office:

Email: Teacher Certification (tcwebmail@alaska.gov)
Phone: (907) 465-2831 Fax: (907)465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https:/education.alaska.gov/teachercertification)

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# FINGERPRINT CARD AND CRIMINAL HISTORY REPORT

When applying for certification in Alaska, you must submit one (1) fingerprint card with your application per AS 14.20.020. 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 Education & 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) per AS 12.62.160(a) (5) and the Federal Bureau of Investigation (FBI)

If you believe there is an error on your criminal history record, you have the right to challenge your criminal history record per 13 AAC 68.305 (State of Alaska) and 28 CFR 16.30 through 16.34 (Federal). The Teacher Education & Certification official deciding on your suitability for certification from the Teacher Education & Certification Office will give you the opportunity to challenge the accuracy of the information in your criminal history (or decline to do so) before deciding on your suitability. If you determine you will challenge the accuracy of your criminal history, the Teacher Education & Certification Office will give you 60 daysto complete a challenge of your criminal history record. To challenge your criminal history record, you must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300. To challenge the accuracy of Alaska criminal history records, you can contact the Department of Public Safety at: 907-269-5527, by email (dps.criminal.records@alaska.gov), or visit their [website](https://dps.alaska.gov/Statewide/R-I/Background/Home) (https://dps.alaska.gov/Statewide/R-I/Background/Home).

If you cannot obtain a fingerprint card locally, email the Teacher Education & Certification office (tcwebmail@alaska.gov) to request a card be sent to you via U.S.P.S. Find more information and instructions concerning fingerprint card requirements on the [teacher certification webpage](https://education.alaska.gov/TeacherCertification/fingerprints.html) (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.

# PRIVACY STATEMENT

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.