 Mandatory Training Record Form

Teacher Certification - Alaska Department of Education and Early Development

# 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:

* **The remaining sections below are to be completed by the school district designee, NOT the applicant.**

# DIRECTIONS

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

If the four mandatory trainings were provided by your school district, NOT through the Department of Education and Early Development’s eLearning site, this form must be completed by your school district’s appointed designee in place of the certificates of completion.

# MANDATORY TRAINING

Mandatory Trainings 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)

# AUTHORIZED SIGNATURE

By signing below, I verify that the applicant listed in the Personal Information section completed the mandatory trainings on the dates indicated.

Signature of Certifying Official: Printed Name Title Date

Phone Number: Relationship to Applicant:

Email Address:

Name of Organization: City: State:

           

# CONTACT TEACHER CERTIFICATION

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

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