



Administrative State-Approved Program Verification

Teacher Certification - Alaska Department of Education and Early Development

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

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

STATE-APPROVED ADMINISTRATIVE PREPARATION PROGRAM INFORMATION

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

Program Type: Indicate the type of state-approved administrative 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 NASP/ASHA State Standards Other: _____

Clinical Practice: Indicate the type of supervised clinical practice required by the state-approved program completed by the applicant:

- Supervised Administrative Internship Supervised Administrative Experience
- Evidence of previous School Administrative experience that satisfied the clinical practice requirement

Degree Information: Specify the degree the applicant earned as part of the approved program:

- Bachelors Masters M.A.T Ed.D. Ph.D.
- No degree/endorsement/certification ONLY Other: _____

Certificate/Endorsement Information: Indicate the certificate and/or the endorsement areas in which the applicant has completed the state-approved administrative preparation or endorsement program, and met all associated testing requirements.

Certificate/Endorsement Area	Grade Level(s)	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I verify the applicant has:

- 1) Satisfied all the requirements of the state-approved administrative 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 program 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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Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____

SIGNATURE

Name of College/University/State Agency City State Regional Accrediting Association

Signature of Certifying Official: Printed Name Title Date

Phone Number: Fax Number:

Email Address:

INSTITUTIONAL OR STATE STAMP OR SEAL



IF NOT AVAILABLE, FORM MUST BE SIGNED IN BLUE INK

AVAILABLE ENDORSEMENTS

- Administration
- Principal
- Superintendent
- Curriculum
- Director of Vocational Education
- Director of Special Education (Special Education Administrator)

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)