



STUDENT TEACHING AUTHORIZATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	U.S. SOCIAL SECURITY NUMBER

MAILING ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE NUMBER	WORK PHONE NUMBER	GENDER

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.

CERTIFICATION AND BACKGROUND INFORMATION

COMPLETE THE FOLLOWING QUESTIONS CAREFULLY AND COMPLETELY BEFORE PROVIDING INFORMATION. **ANY FALSIFICATION OR DELIBERATE MISREPRESENTATION, INCLUDING OMISSION OF A MATERIAL FACT, IN COMPLETION OF THIS APPLICATION CAN BE GROUNDS FOR DENIAL OF CERTIFICATION.**

- Have you been convicted for a violation of criminal law, except for minor traffic violations? Please include DWIs.
 YES NO
- 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
- Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
 YES NO
- 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 avoidance)
 YES NO
- 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," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
 YES NO
- 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 ON A SEPARATE SHEET AND SIGN THE STATEMENT.

7. Have you ever held a teaching certificate in another state? YES NO

STATE _____	EXPIRATION DATE _____	STATE _____	EXPIRATION DATE _____
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FEE SCHEDULE

THE FEE FOR A STUDENT TEACHING CERTIFICATE IS \$66.00. YOU MUST PAY WITH A CASHIER'S CHECK OR MONEY ORDER.

TYPE OF PAYMENT: CASHIER'S CHECK # _____ MONEY ORDER # _____

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



STUDENT TEACHING AUTHORIZATION

UNIVERSITY INFORMATION

ATTENDING UNIVERSITY _____

STUDENT TEACHING IN WHICH ALASKA SCHOOL DISTRICT? _____

SEMESTER OF STUDENT TEACHING:

FALL 20__ SPRING 20__ SUMMER 20__

SIGNATURE OF DEAN OR STUDENT TEACHING ADVISOR

NOTARIZATION

STATE OF _____ DATE _____
(MONTH/DAY/YEAR)

(NAME OF APPLICANT) APPEARED BEFORE ME WHOSE

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: _____

**IF A NOTARY IS NOT AVAILABLE, A POSTMASTER MAY
WITNESS, DATE STAMP AND SIGN THIS AFFIDAVIT.**

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

**YOU MUST MAINTAIN A CURRENT MAILING ADDRESS AND NAME ON FILE WITH THE TEACHER CERTIFICATION OFFICE. TO
REPORT A CHANGE OF ADDRESS, PLEASE CALL (907) 465-2831 OR EMAIL tcwebmail@alaska.gov**

ONE COMPLETED FINGERPRINT CARD AND THE FEE CHARGED FOR PROCESSING ARE REQUIRED AT THE TIME OF APPLICATION FOR THE
STUDENT TEACHING AUTHORIZATION. THE \$66.00 CASHIER'S CHECK OR MONEY ORDER (NO CASH OR PERSONAL CHECKS) SHOULD BE
MADE OUT TO 'TEACHER CERTIFICATION'. **THE APPLICATION MUST BE ON FILE WITH THE DEPARTMENT OF EDUCATION & EARLY
DEVELOPMENT PRIOR TO PLACEMENT IN THE CLASSROOM.**

1. THE ONE FINGERPRINT CARD SUBMITTED FOR YOUR STUDENT TEACHING AUTHORIZATION APPLICATION WILL REMAIN ON FILE
AND MAY BE USED WHEN YOU APPLY FOR INITIAL CERTIFICATION, PROVIDING YOU MAKE APPLICATION WITHIN 60 DAYS
AFTER THE COMPLETION OF STUDENT TEACHING AND 18 MONTHS AFTER FINGERPRINT CLEARANCE.
2. THE FINGERPRINT CARD SUBMITTED WITH YOUR STUDENT TEACHING AUTHORIZATION APPLICATION MUST HAVE BEEN
ROLLED LESS THAN ONE YEAR PRIOR TO SUBMISSION OF THE APPLICATION.
3. DEPARTMENT OF PUBLIC SAFETY PROCESSING TIME IS UNPREDICTABLE. IT CAN TAKE SEVERAL MONTHS TO RECEIVE
NOTIFICATION ON A CLEARED OR REJECTED FINGERPRINT CARD. A REJECTION MEANS THE CARD WAS NOT ADEQUATELY
ROLLED FOR PROCESSING. A REJECTED CARD REQUIRES THE APPLICANT TO RESUBMIT ANOTHER CARD. THERE IS NO FEE
FOR RESUBMISSION, HOWEVER, THE COST OF HAVING PRINTS RE-ROLLED IS BORNE BY THE APPLICANT. IF YOU RECEIVE
NOTIFICATION THAT YOUR CARD WAS REJECTED, YOU MUST RESUBMIT ANOTHER CAD IMMEDIATELY. FAILURE TO COMPLY
WILL RESULT IN CANCELLATION OF YOUR STUDENT TEACHING AUTHORIZATION.

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