 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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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

Administrative

Principal

Superintendent

Curriculum

Director of Vocational Education

Director of Special Education

Special Education Administrator

Please return the original State-approved Program Verification to the Applicant.

Photocopies or faxes 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)