Special Education Alternate Program Certificate

Teacher Certification - Alaska Department of Education and Early Development

# REQUIREMENTS

To be eligible for the Special Education Alternate Program Certificate the below requirements must be met:

* Applicants must hold either a valid current Alaska teaching certificate (Initial, Professional, or Master) or a valid Alaska Type C special services certificate specially endorsed in speech language pathologist if the applicant will be performing the duties of a speech language pathologist.
* District Request and Assurance Form - The superintendent or chief school administrator must complete the District Request Form and provide evidence of advertisement for the position. The completed, original District Request and Assurance form and evidence of advertisement must be included with the application. **Photocopies/faxes will not be accepted.**
* Proof of Program Enrollment - An original Proof of Program Enrollment completed by the preparing institution’s school of education must be submitted with the application. **Photocopies/faxes will not be accepted.**
* Proof of Advertising - The superintendent or chief school administrator must provide proof of the recruitment efforts and provide an example of the advertisement used as part of the recruitment effort.
* Nine Semester Hours of Special Education Coursework: A minimum of 9 semester hours of special education coursework must be reflected on official transcripts. **Unofficial, photocopied, faxed or electronic transcripts will not be accepted**

# IMPORTANT NOTES

A Special Education Alternate Program Certificate is valid only in the school district to which it is granted.

The department will extend the Special Education Alternate Program Certificate for up to three years. In order to have the certificate extended, the applicant and district must submit the following items to the department at the end of each school year:

1) Updated Special Education Alternate Program Certificate Application,

2) Updated official transcripts, and

3) Updated Proof of Program Enrollment form showing progress toward completion of the special education program

If the annual requirements are not met, the applicant will no longer hold a Special Education Alternative Program certificate and will not be eligible to hold a teaching or a special service position in an Alaska public school based on the certificate issued through Proof of Program Enrollment.

# SPECIAL EDUCATION ENDORSEMENTS

Please indicate the specific special education endorsement you are requesting. The chosen endorsement should correspond with the endorsement noted on the special education proof of program enrollment form.

**Endorsements for Special Education**

Special Education

Physically Handicapped

Visually Handicapped

Hearing Impaired

Learning Disability

Emotionally Disturbed

Cognitively Impaired

Communication Disorders

Multi-Handicapped

Adaptive P.E.

Special Education – Early Childhood

Please indicate the grade levels to apply to the special education endorsement. The chosen grade levels should correspond with the grade levels noted on the special education proof of program enrollment form.

Birth – Grade 3

Pre K – Grade 3

Grades K-3

Grades K-5

Grades K-8

Grades 5-8

Grades 5-12

Grades 7-10

Grades 7-12

Grades 9-12

Grades K-12

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# 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:

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.

# 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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# CERTIFICATE INFORMATION

Please indicate the type of Certificate you currently hold:

[ ] Initial Teaching Certificate [ ] Professional Teaching Certificate [ ] Special Services (Type C) Certificate

# WAIVER INFORMATION

This application is to request a special education waiver for the:

[ ] First Year [ ] Second Consecutive Year [ ] Third Consecutive Year

# 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:

# RECORD OF TRAINING

Official transcripts showing the completion of the coursework requirement must be included with the application or be on file with our office. Official transcripts should be sent directly to you and included with your application packet, not sent 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.**

List the coursework you are using to satisfy the nine (9) semester hours or twelve (12) quarter hours of special education coursework for the Special Education Alternate Program certificate. Attach an additional sheet of paper if necessary.

Provide the following information concerning the completed coursework: course number, course title, the semester & year completed, the name of the college or university, and the college or university location.

**Course Number Course Title Semester/Year College/University City, State**

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# FEE SCHEDULE

The certificate fee is $200.00. The background check processing fee is an additional $60.00. You may pay with a credit card via the DEED Online Payment Center, cashier’s check, or money order (payable to DEED). Fees are non-refundable. Personal checks will not be accepted.

If payment is made through the Teacher Certification Online Payment Center a copy of the payment receipt must be submitted with this form. [Online Payment Center](https://education.alaska.gov/teachercertification/PaymentCenter) (https://education.alaska.gov/teachercertification/PaymentCenter)

# CHECKLIST

**[ ] Completed Special Education Alternate Program Application**

**[ ] Original District Request and Assurance Form**

**[ ] Original Proof of Program Enrollment**

**[ ] Proof of Advertising**

**[ ] Official Transcripts**

[ ] **Payment Receipt/Money Order/Cashier’s Check**

# ACKNOWLEDGMENTS

You must be able to answer ‘Yes’ to the following important notes regarding the special education alternate program certificate:

Yes [ ]  No [ ]  I understand the special education waiver is valid for the school year in which it is issued and in the school district to which it is granted.

Yes [ ]  No [ ] I understand continued enrollment in the university special education program and satisfactory yearly progress must be made in order to be eligible for renewal of the special education waiver on a yearly basis.

Yes [ ]  No [ ] I understand the special education waiver is renewable on a yearly basis for two **consecutive** years, only upon submission of an updated special education waiver application, including updated transcripts, another district request form and proof of program enrollment form.

# SIGNATURE

i certify that 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)Special Education Alternate Program Certificate

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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. 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) and the Federal Bureau of Investigation (FBI).

If there is an error on your criminal history report, you may request the DPS correct the information. To begin the correction process, you must complete and submit a ***“Request to Correct Criminal Justice Information”*** form. If the information believed to be inaccurate or incomplete in your criminal history was, or will be used to deny a right or privilege, DPS has 5 days to respond to the request or to forward it to the agency responsible for maintaining the requested criminal history information. If you have documentation on your criminal case, please be prepared to provide a copy at the time you request a correction to your record. It may help to expedite your request. One of the most common correction requests is to locate missing disposition information. Find more information concerning criminal history reports at [DPS’s 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.

 Special Education Proof of Program Enrollment Form

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 are to be completed by the state approved program OFFICIAL, NOT the applicant.**

Applicants enrolled in a **Special Education** program must complete their teacher preparation program within three years in order to maintain eligibility for Alaska Teacher certification.

# ADMISSION INFORMATION

1. Has the applicant been admitted to an approved Special Education program, leading to certification? [ ]  Yes [ ]  No
2. Will the applicant be able to complete the approved Special Education preparation program within three years?
[ ]  Yes [ ]  No
3. Has the applicant completed a minimum of 9 semester or 12 quarter credits of the special education coursework? [ ]  Yes[ ]  No
4. How many credits of the approved program has the applicant **completed**?      Credits.
5. How many total credits are in the approved program?       Credits.
6. The applicant is currently enrolled in a program leading to certification in the area(s) listed below:

**Content Area Grade Level(s)**

**Program Standards:**

Specify which standards the approved program meets:

[ ]  CAEP/NCATE/TEAC [ ]  State Standards [ ]  Other:

**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:

Signature of Certifying Official: Printed Name Title Date

 Special Education Proof of Program Enrollment Form

Teacher Certification - Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of SSN Number:      Date of Birth:       Gender:

# 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

Please return the original special education proof of program enrollment form 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)

 District Request and Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of Social Security Number:      Date of Birth:       Gender:

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

# DISTRICT INFORMATION

District Office Address:       City:      State:    Zip Code:

District Phone Number:       District Fax Number:

Superintendent or Chief School Administrator Email Address:

# PLACEMENT

Indicate the applicant’s placement within the district.

**School Name Content Area Grade Level(s)**

# PROOF OF ADVERTISING

Include with the application proof of advertising to recruit a qualified person for the position. (Examples: Advertisement in a newspaper in general circulation or a screen shot of the job posting through Alaska Teacher Placement (ATP) or another online recruitment tool.)

# REQUEST & ASSURANCE

On behalf of the district’s school board, I request the issuance of a Limited Certificate for the individual listed in the ‘APPLICANT INFORMATION’ section above. I certify that the district intends to hire the applicant in the designated content area. The applicant will only be assigned classes that are in the applicant’s subject-matter expertise as recognized by the endorsement areas on their Limited Certificate.

The school district’s Board of Education and the applicant are aware of the requirements described in the IMPORTANT NOTES section above. If the requirements are not met by the expiration of the one-year certificate, the applicant will no longer hold Alaska certification and will not be eligible to hold a teaching position in an Alaska public school.

Superintendent Printed Name:

Superintendent Signature: Date:

# 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)