 Special Services 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 SPECIAL SERVICES PREPARATION PROGRAM INFORMATION

Applicants who have completed a state-approved special services 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 special services 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 Standards:** Specify which standards the approved program meets:

CAEP/NCATE  State Standards from NCATE Partnership  State Standards from Non-NCATE Partnership

NASDTEC  ASHA  NASP  APA

**Clinical Practice:** Specify the type of clinical practice required by the state-approved program and satisfied by the applicant:

Supervised Internship  Supervised Experience  Evidence of 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.

Certification Only  Other:

**For School Psychologist:**

Did the applicant complete a 1,200-hour internship in school psychology, 600 hours of which was on site in preschool or kindergarten through grade 12 program?

Yes  No

**Certificate/Endorsement Information:** Indicate the certificate and/or the endorsement areas in which the applicant has completed the state-approved special services 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 special services 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

 Special Services State-Approved Program Verification

Teacher Certification - Alaska Department of Education and Early Development

# APPLICANT INFORMATION

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:

**~Note:** For endorsements in several of the Type C areas, the university is not signing off that the applicant completed an educational degree, but that they completed a program. For instance, nurse, physical therapy, and library science do not have an internship in a school setting but they are obviously valid programs.

## INSTITUTIONAL OR STATE STAMP OR SEAL

IF NOT AVAILABLE, FORM MUST BE SIGNED IN BLUE INK

# AVAILABLE ENDORSEMENTS

School Counselor

Guidance and Counseling

School Librarian

Library Science

Media Specialist

School Nurse

Nursing

Educational Diagnostician

School Psychometrist

School Psychologist

School Social Work

Speech / Language Pathology

Speech Pathology

Audiology

Speech and Hearing

Speech Therapy

Occupational Therapy

Physical Therapy

Orientation and Mobility

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](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)