 Non-Academic Credit Pre-Approval Form

For Sponsors of Institutes & Workshops

Teacher Certification - Alaska Department of Education and Early Development

# SPONSOR INFORMATION

Enter all personal information in the spaces provided, including contact phone number(s) and email address.

Name of Sponsoring Organization:       Representative Name:

Mailing Address:       City:       State:    Zip Code:

Work Phone:       Email Address:

# ACTIVITY INFORMATION

Prior to the institute or workshop, the first sections of this form must be completed by the sponsor. Once complete, please send the form to the Teacher Certification Office at the address below. Within approximately two (2) weeks, you will receive notice of the pre-approval or denial.

Photocopies of this form may be distributed to participants of the institute or workshop. In order to receive non-academic credit(s). Participants will be required to complete the third section and submit it to the Teacher Certification Office along with required written report and appropriate fees.

Title of Institute or Workshop:       Location (City, State):

Inclusive Dates of Activity:       Estimated Contact Hours:

Purpose or objective of the Institute or Workshop (attach agenda)?

# PRE-APPROVAL

Yes [ ]  No [ ]  **The activity described above has been pre-approved by the Teacher Certification Office for Non-Academic Credit(s).**

The activity described above has been pre-approved for       Non-Academic Credit(s).

Administrator Signature: Date:

If denied, reason for denial?

 Non-Academic Credit Pre-Approval Form

For Sponsors of Institutes & Workshops

Teacher Certification - Alaska Department of Education and Early Development

Name of Sponsoring Organization:       Representative Name:

# CHECKLIST

After completion of the Institute or Workshop, if approved, the participant must submit:

**[ ]  Non-Academic Credit Pre-approval Form**A copy of the completed Non-Academic Credit Pre-Approval Form, showing pre-approval by the Teacher Certification Office.

**[ ]  Written Report**A written report that summarizes the activity and reacts to a major idea presented at the institute or workshop. The report must clearly state the strengths, weaknesses, and educational value of the activity in relation to the participant’s teaching assignment.

**[ ]  Fee Schedule & Online Payment Center**

The fee for each non-academic credit is $50. You may pay with a credit card via the EED Online Payment Center, or a cashier’s check or a money order payable to EED. **Personal checks will not be accepted.**

If paid for via the [Online Payment Center](https://education.alaska.gov/TeacherCertification/PaymentCenter). ([education.alaska.gov/TeacherCertification/PaymentCenter](https://education.alaska.gov/TeacherCertification/PaymentCenter)), include the DEED Payment receipt with your application.

# DEADLINE

Once complete, submit all supporting documentation to the Teacher Certification Office no later than:

Deadline:

# FINAL CREDIT APPROVAL

Yes [ ]  No [ ]  **Your participation at the activity has been approved by the Teacher Certification Office for Non-Academic Credit(s).**

You have been granted       Non-Academic Credit(s).

Administrator Signature: Date:

# SUBMIT YOUR APPLICATION

The form and supporting documents can be mailed, emailed or faxed to the Teacher Certification office:

Department of Education and Early Development

Teacher Certification

PO Box 110500

Juneau, AK 99811-0500

# 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)

 Non-Academic Credit Pre-Approval Form

For Sponsors of Institutes & Workshops

Teacher Certification - Alaska Department of Education and Early Development

# SPONSOR INFORMATION

Please submit a photocopy of the roster of attendance after completion of the institute or workshop. Only those who are on the roster will be eligible for non-academic credit.

Name of Sponsoring Organization:       Representative Name:

Mailing Address:       City:       State:    Zip Code:

Work Phone:       Email Address:

# PARTICIPANT LIST

**Name Social Security Number**