 Student Teacher Program Enrollment

Teacher Certification - Alaska Department of Education and Early Development

APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Social Security Number:       Date of Birth:

* **The remaining sections below are to be completed by the state-approved program, NOT the applicant.**

STUDENT TEACHING INFORMATION

1. In which Alaska public school district will the applicant be serving as a student teacher or completing a supervised clinical practice?

1. The applicant is currently enrolled in a program leading to certification in the area(s) listed below:

**CONTENT AREA GRADE LEVEL**

     

1. Semester(s) of student teaching or supervised clinical practice:

FALL 20    SPRING 20    SUMMER 20

**Program Standards:** Specify which standards the approved program meets:

CAEP/NCATE/TEAC  State Standards  Other:

**Degree Information:** Specify the type of program the applicant is enrolled in:

Bachelors Masters  M.A.T  Ed.D.  Ph.D.

No degree/endorsement/certification ONLY  Other:

DEGREE INFORMATION

By signing below, I assure that the applicant will be required to serve as a student teacher or participate in a supervised clinical practice in an Alaska public school for a minimum of 500 hours over a period of 15 weeks. In addition, I assure that the applicant will be under the general supervision of a teacher who:

1. holds a valid certificate issued under 4 AAC 12;
2. has at least one year of teaching experience in the district where the applicant is serving;
3. has at least three years of total teaching experience; and
4. meets or exceeds the standards described in 4 AAC 04.200 as verified by the district where the applicant is serving.

# SIGNATURE

Name of College/University City State Regional Accrediting Association

              

Signature of Certifying Official: Printed Name Title Date

Phone Number: Fax Number:

Email Address: