 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

Administration

Principal

Superintendent

Curriculum

Director of Vocational Education

Director of Special Education (Special Education Administrator)

# 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)