 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.**

Proof of Program Enrollment Information:

* This form cannot be used for individuals enrolled in special education programs. Those individuals must complete their program prior to applying for initial certification.
* Applicants must enroll in a state-approved teacher preparation program through a regionally accredited college or university. Alternate route teacher certification programs are not accepted for the Proof of Program Enrollment certificate.

# ADMISSION INFORMATION

1. Has the applicant been admitted to an approved teacher education program, leading to certification? [ ]  Yes [ ]  No
2. An applicant using Proof of Program Enrollment to qualify for an Initial Teaching Certificate must complete their teacher preparation program within two years in order to maintain eligibility for Alaska Teacher certification.
	1. Will the applicant be able to complete the approved teacher education program within two years? [ ]  Yes [ ]  No
3. How many credits of the approved program has the applicant completed?       Credits.
4. How many total credits are in the approved program?       Credits.
5. 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

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Last Name:       First Name:       M.I.:

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

# SIGNATURE

Name of College/University 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 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 (tcwebmail@alaska.gov)
Phone: (907) 465-2831 Fax: (907) 465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https:/education.alaska.gov/teachercertification)