

Requirement Waiver Form

Teacher Certification – Alaska Department of Education and Early Development

# PERSONAL INFORMATION

It is the responsibility of the applicant to maintain current information, including name, mailing and email addresses on file with the Teacher Certification Office. All name changes must be supported with a photocopy of the legal document verifying the change.

Last Name:       First Name:       M.I.:

Social Security Number:

# EMERGENCY CERTIFICATION INSTRUCTIONS

Individuals applying for or currently holding a two-year Initial teaching certificate, a two-year provisional Type B Administrative certificate, or a two-year provisional Type C special service provider may have the following requirements waived and qualify for emergency certification. Emergency certificates will expire at the end of the school year for which they were issued.

**First-time Applicant:** If you are not able to satisfy one or more of the requirements listed below, complete and submit this form with the standard application, the specific certificate checklist, District Support Form, supporting documents, and fees.

**Current Certificate Holder:** If you are not able to satisfy one or more of the requirements listed below needed to extend or renew your certificate, complete and submit this form and a District Support Form to have your current certificate converted to an emergency certificate.

# REQUIREMENTS

Check all the requirements you need to have waived. You are also being asked to provide a reason for each requirement you are not able to satisfy.

**[ ]  Program Verification**

**[ ]  Bachelor’s Degree**

**[ ]  Passing scores on a Basic Competency Exam (BCE)**

**[ ]  Passing scores on a Content Area Exam**

**[ ]  Three semester hours of Alaska studies coursework**

**[ ]  Three semester hours of Alaska multicultural coursework**

**[ ]  Renewal coursework**

[ ]  **Notarization**

I am not able to provide the requirements selected above due to the following: (attach an additional sheet of paper if necessary)

# SIGNATURE

I am aware of the requirements of the certificate I am applying for and am requesting exemption from the selected requirement(s) above for the reasons I have provided. I understand that I must still satisfy the above requirement(s) to qualify for additional certification. If I do not satisfy the requirements, I understand that I will not be eligible for additional certification. I certify under penalty of perjury that the statements made by me on this form are true and correct to the best of my knowledge.

Applicant Signature: Date:

# 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)