 Limited Type-M Renewal Certificate

Teacher Certification - Alaska Department of Education and Early Development

# REQUIREMENTS

In order to renew a Type M Limited certificate, the applicant must be employed as a certified teacher in the same Alaska public

school district that requested the initial Type M Limited certificate.

## Career & Technical Education (CTE)

To renew a Limited Type-M Career & Technical certificate, applicants must complete:

* The superintendent or chief school administrator must complete the District Request Form, officially requesting renewal. The completed, ORIGINAL District Request form must be included with this application; and
* Complete four Mandatory Trainings within the previous five (5) years. More information is available on the [Mandatory Training page](https://education.alaska.gov/teachercertification/mandatorytraining) (https://education.alaska.gov/teachercertification/mandatorytraining) of the Teacher Certification’s website.
* Three semester hours of academic credit earned from a regionally accredited university

**-AND-**

* 135 hours of work experience in the specialty outside of work with students;

## Alaska Language/Culture or Military Science

To renew a Limited Type-M Alaska Language/Culture or Military Science certificate, applicants must complete:

* The superintendent or chief school administrator must complete the District Request Form, officially requesting renewal. The completed, ORIGINAL District Request form must be included with this application; and
* Complete four Mandatory Trainings within the previous five (5) years. More information is available on the [Mandatory Training page](https://education.alaska.gov/teachercertification/mandatorytraining) (https://education.alaska.gov/teachercertification/mandatorytraining) of the Teacher Certification’s website.
* Three semester hours of academic credit related to applicant’s employment earned from a regionally accredited university

**-OR-**

Training or work experience beyond the certified employment with the school district;

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# PERSONAL INFORMATION

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

Last Name:       First Name:       M.I.:

Social Security Number:       Date of Birth:       Gender:

Mailing Address:       City:       State:    Zip Code:

Home Phone:       Work/Cell Phone:

Primary Email:       Secondary Email:

Former Last Name(s):       Highest Educational Degree:

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

# BACKGROUND INFORMATION

Answer questions one through six (1-6) carefully and completely by answering “yes” or “no” to the questions as they apply to you. If the answer to any of these questions is “yes,” provide a written, detailed explanation of the incident and sign it. Include a written explanation of incidents involving Driving While Intoxicated (DWI) or Driving under the Influence (DUI), no contest, guilty pleas and cases resulting in a suspended imposition of sentence. It is not necessary to provide a written explanation of a minor traffic violation.

1. Have you been convicted for a violation of criminal law, except for minor traffic violations?
Please include convictions for Driving While Intoxicated (DWI) and Driving Under the Influence (DUI). Yes [ ]  No [ ]
2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you?
This would include any state, province, territory, and/or country. Yes [ ]  No [ ]
3. Is there action pending to revoke or suspend a certificate issued to you by another jurisdiction?
If “yes,” list the agency, including contact information as well as the purpose of the investigation or inquiry. Yes [ ]  No [ ]
4. Have you ever had any adverse action taken on any certificate or license by another jurisdiction?
Adverse action includes letters of warning, reprimands, suspensions, revocations, surrenders, or voidance. Yes [ ]  No [ ]
5. Have you ever been investigated by another certification agency for allegations of misconduct?
If “yes,” list the agency, including contact information as well as the purpose of the investigation or inquiry. Yes [ ]  No [ ]
6. Have you ever been denied certification?
This would include any state, province, territory, and/or country. Yes [ ]  No [ ]

If you answered “yes” to any of the questions above (1-6), provide a detailed statement here. If you need additional space, provide the detailed statement on a separate sheet of paper and sign it.

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COLLEGE OR UNIVERSITY COURSEWORK

List all college/university coursework completed since the effective date of the certificate you are renewing. Three semester hours of academic credit related to applicant’s employment earned from a regionally accredited university. One (1) quarter hour is equivalent to two-thirds (2/3) of a semester hour.

 **Semester Credit Semester/Quarter**

**College or University City, State Hours Earned Attended**

RECORD OF WORK EXPERIENCE

List all relevant work experience during the life of the certificate you are renewing. This may be verified with copies of your contract(s) confirming the number of hours of contract work.

**Position Held Employer Dates of Employment**

## RECORD OF TRAINING

**(For renewal of Alaska Language/Culture or Military Science certificates ONLY )**

List all relevant training completed during the life of the certificate you are renewing. This may be verified with certificates of completion.

**Title of Training Agency/Training Center Dates of completion**

# MANDATORY TRAININGS

You must have completed the four mandatory trainings within the five years prior to the date of application. Submit the four DEED eLearning certificates of completion. If the four mandatory trainings were provided by your school district, NOT through the Department of Education and Early Development’s eLearning site, the [Mandatory Training Record form](https://education.alaska.gov/TeacherCertification/forms/Mandatory-Training-Record-Form.docx) (https://education.alaska.gov/TeacherCertification/forms/Mandatory-Training-Record-Form.docx) must be completed by your school district’s appointed designee in place of the certificates of completion.

Mandatory Trainings DEED District Date of Completion

Sexual abuse awareness and prevention (AS 14.30.355) [ ]  [ ]

Suicide awareness and prevention (AS 14.30.362) [ ]  [ ]

Alcohol or drug related disabilities (AS 14.20.680) [ ]  [ ]

Dating violence awareness and prevention (AS 14.30.356) [ ]  [ ]

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# FEE SCHEDULE

The certificate fee for each certificate being reinstated is $200.00. You may pay with a credit card via the DEED Online Payment Center, cashier’s check, or money order (payable to DEED). Fees are non-refundable. Personal checks will not be accepted.

If payment is made through the Teacher Certification Online Payment Center, a copy of the payment receipt must be submitted with this form. [Online Payment Center](https://education.alaska.gov/teachercertification/PaymentCenter) (https://education.alaska.gov/teachercertification/PaymentCenter)

# CHECKLIST

You must submit all of the items required in a single application packet. If any item is missing or incomplete, the entire application packet will be returned unprocessed. Mark the checkbox next to each requirement to indicate the item is included in your application packet.

**[ ]  Completed Limited Type M Renewal Application**

**[ ]  Mandatory Trainings**

**[ ]  District Request Form**

[ ]  **Payment Receipt/Money Order/Cashier’s Check**

## Career & Technical Education (CTE)

**[ ]  Official Transcript**

**[ ]  Work Experience**

## Alaska Language/Culture or Military Science

**[ ]  Official Transcript**

**-OR-**

**[ ]  Training/Work Experience**

# SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature: Date:

# MAIL YOUR APPLICATION

The application and supporting documents must be mailed to the Teacher Certification office at the following address:

Department of Education and Early Development

Teacher Certification

PO Box 110500

Juneau, AK 99811-0500

Photocopies, scanned or faxed applications 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)

 District Request and Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of Social Security Number:      Date of Birth:       Gender:

* **The remaining sections below are to be completed by the school district designee, NOT the applicant.**

# DISTRICT INFORMATION

District Office Address:       City:      State:    Zip Code:

District Phone Number:       District Fax Number:

Superintendent or Chief School Administrator Email Address:

PLACEMENT

Indicate the applicant’s placement within the district.

**School Name Content Area Grade Level(s)**

# REQUEST & ASSURANCE

On behalf of the district’s school board, I request the issuance of a Limited Certificate for the individual listed in the ‘APPLICANT INFORMATION’ section above. I certify that the district intends to hire the applicant in the designated content area. The applicant will only be assigned classes that are in the applicant’s subject-matter expertise as recognized by the endorsement areas on their Limited Certificate.

The school district’s Board of Education and the applicant are aware of the requirements to renew a limited type Certificate. If the requirements are not met by the expiration date of the current limited certificate, the applicant will no longer hold Alaska certification and will not be eligible to hold a teaching position in an Alaska public school.

Superintendent Printed Name:

Superintendent Signature:       Date:

# CONTACT TEACHER CERTIFICATION

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Phone: (907) 465-2831 Fax: (907) 465-2441
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https:/education.alaska.gov/teachercertification)