



Add Endorsement: Alaska Reads Act Early Education Lead Teacher

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: _____ Date of Birth: _____ Gender: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work/Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Former Last Name(s): _____ Highest Educational Degree: _____

ENDORSEMENT(S) REQUEST

I am requesting the following endorsement to be added to my certificate(s):

- Alaska Reads Act Early Education Lead Teacher

AK READS ACT EARLY EDUCATION LEAD TEACHER REQUIREMENTS

To qualify for an Alaska Reads Act Early Education Lead Teacher endorsement, you must have a valid Alaska teacher certificate with at least six semester credit hours (3 of those credits must be a DEED approved evidence-based reading training course) of early childhood education **OR** evidence of at least two years of experience teaching kindergarten or an early education program (page 2).

FEE SCHEDULE

No fee required.

CHECKLIST

- Completed Endorsement Application
- Transcript showing six semester hours of early childhood coursework (approved early childhood AK Reads Act coursework can count for three credits) **OR** employment verification (page 2) showing two years of teaching experience in either Kindergarten or early education program.

SIGNATURE

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

Applicant Signature: _____ Date: _____



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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/SCHOOL INFORMATION

District Name: _____

Superintendent or Chief School Administrator Email Address: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____

School Phone Number: _____ School Fax Number: _____

School Principal/Direct Supervisor Email Address: _____

Employment History and Verification

Grade Level(s)	School Year
_____	_____
_____	_____

The applicant has two years of teaching experience in kindergarten or an early education program.

Principal/Direct Supervisor Printed Name: _____

Principal/Direct Supervisor Signature: _____

Date: _____



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Notes: If you would like your original documents returned, you must include a self-addressed, stamped envelope with your complete packet. We recommend that you send your completed packets to the Teacher Education & Certification Office using one of the many tracking options that are available.

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

QUESTIONS

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)