



# Council on Education of the Deaf

Alexander Graham Bell Association for the Deaf  
Conference of Educational Administrators of Schools and Programs for the Deaf  
Association of College Educators – Deaf and Hard of Hearing  
American Society for Deaf Children  
National Association of the Deaf  
American Sign Language Teachers Association  
OPTION Schools

Council on Education of the Deaf  
P.O. Box 976  
North Kingstown  
Rhode Island 02852

email: [cedoffice@councilondeafed.org](mailto:cedoffice@councilondeafed.org)  
CED website: [www.councilondeafed.org](http://www.councilondeafed.org)

Submit Application, Transcripts & Fees to: Council on Education of the Deaf, P.O. Box 976, North Kingstown, RI 02852

## APPLICATION FOR CERTIFICATION

**Applying for:**  PROVISIONAL Certification **Status:**  First-time applicant (\$50\*) OR  Renewal (\$75) **OR**  
 PROFESSIONAL Certification **Status:**  First-time applicant (\$75) OR  Renewal (\$75)

### Applicant Information (all applicants)

Name (as it is to appear on certificate) \_\_\_\_\_ Prior name (required, if applicable) \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone: V/VP (Home) (\_\_\_\_\_) \_\_\_\_\_ V/VP (Work) (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEXT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please Check: (optional)  African American  Asian/Pacific Islander  Caucasian  Latino Other: \_\_\_\_\_  
(optional) (✓):  Deaf  Hard of Hearing  Hearing  
(optional) (✓):  Male  Female

### PROVISIONAL CERTIFICATION: FIRST-TIME APPLICANTS (\$50.00)\*

1. Teacher preparation program Accredited by the Council on Education of the Deaf. Enclose or send electronically a copy of college transcript(s).

Name and Location \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

2. Verification by Supervising Teacher Educator – This will certify that the above named applicant has satisfactorily met all the prerequisites and program requirements for the provisional certificate in accordance with the *Standards for the Certification of Professionals involved in Education of Deaf and Hard of Hearing Students*, as approved by the Council on Education of the Deaf, and is hereby recommended for CED Certification. This application should be signed by the director of a CED Accredited teacher preparation program.

Signature \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

**\* If this application is part of a group of Provisional Certification applications, submitted together, from a CED Accredited program, the fee per student is \$40.00. Individual checks submitted together or one check from the institution are both eligible for this rate. Thank you.**

### REQUIREMENTS FOR RENEWAL OF PROVISIONAL CERTIFICATION (TWO – TIMES ONLY) (\$75)

verification by your supervisor. Candidates at the Bachelor's level must submit evidence of at least three (3) credits (or the equivalent) of graduate level study for each renewal (no more than two renewals permitted)..

**REQUIREMENTS FOR PROFESSIONAL CERTIFICATION OF TEACHERS:**

Provisional Certification and evidence of three (3) years of teaching experience with deaf and/or hard of hearing children (letter from administrator).

**PROFESSIONAL CERTIFICATION APPLICATION – FIRST TIME APPLICANTS (\$75)  
VERIFICATION OF TEACHING EXPERIENCE**

NOTE: In lieu of signature below, this may be documented by a letter from your supervisor/administrator of your school program where you teach deaf/hh students.

APPLICANT: \_\_\_\_\_ YEARS OF TEACHING: \_\_\_\_\_

ADMINISTRATOR'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

ADMINISTRATOR'S EMAIL: \_\_\_\_\_ ADMINISTRATOR'S PHONE/VP: \_\_\_\_\_

***THIS FORM MUST BE COMPLETED IN FULL, SIGNED AND MAILED WITH your payment\* of \$75 (non-refundable)***

**REQUIREMENTS FOR RENEWAL OF PROFESSIONAL CERTIFICATION (\$75)**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The candidate for renewal of a professional certificate must submit evidence of having met at least **TWO** of the requirements listed below.

**Check two (2) (✓) requirements** to be considered and enclose the necessary documentation.

- Successfully completed a minimum of 3 semester hours of course work in areas related to the candidate's field of specialization (**Transcript**)
- Taught the equivalent of a semester course in an area of special education in a college or university (**Letter from administrator**)
- Published in a professional journal (**Copy of article**)
- Supervised a student teacher as a cooperating teacher, an administrator, or clinical intern (**Letter from program director**)
- Participated in a minimum of 9 hours of in-service training validated by supervising teacher or administrator (**Letter from administrator**)
- Directed or assisted in the development of program curriculum, clinical or other support program design, course of study, management system, or data base for use in a school program (**Letter from administrator**)
- Presented a paper at a national or regional convention (**Copy of the paper**)
- Participated as a member of a committee on development of a course study or study guide for a semester of year-long course in educational program for deaf/hh children (**Letter from administrator**)
- Developed an innovative IEP design, curriculum approach, educational design, or evaluation tool that is adopted by school or system (**Letter from administrator**)
- Other significant professional development activity (**with accompanying documentation of the completion**)

**VERIFICATION/AGREEMENT BY APPLICANT:**

I have read this application and verify that the information presented is accurate. CED retains the right to deny Certification to any application that does not present appropriate verification for information on this form. **The application fee is non-refundable.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail application with the appropriate fee to: (\$25 fee for returned checks)**

***Council on Education of the Deaf  
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**Please include a copy of your previous provisional or professional certification, if applicable.**