



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

Council on Education of the Deaf
 Gallaudet University
 PO Box 2074
 800 Florida Avenue, NE
 Washington, DC 20002
 email: cedoffice@councilondeafed.org
 CED Website: www.councilondeafed.org

Submit Application, Transcripts & Fees to the CED PO Box.

APPLICATION FOR CERTIFICATION

- **Applying for:** PROVISIONAL Certification **Status:** First-time applicant OR Renewal **As:** Teacher Graduating student
 OR
 PROFESSIONAL Certification **Status:** First-time applicant OR Renewal **As:** Teacher
 Supervising Teacher (Renewal only)
 Psychologist (Renewal only)
 Administrator (Renewal only)

● **Applicant Information**

 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 Hispanic Other: _____
 (optional) (√): Deaf Hard of Hearing Hearing
 (optional) (√): Male Female

● **PROVISIONAL FIRST-TIME APPLICANTS (\$50)**

1. Teacher preparation program approved by the Council on Education of the Deaf. Enclose 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 certification. This application should be signed by the director of a teacher preparation program in good standing with a current status of endorsement from the Council on Education of the Deaf.

Director's:

Name: _____ Email: _____ Phone: _____

Signature: _____ Institution: _____ Date: _____

● **REQUIREMENTS FOR RENEWAL OF PROVISIONAL CERTIFICATION (ONE –TIME ONLY)**

The candidate for renewal of a provisional certificate must submit evidence of one year's teaching experience with deaf children – submit employment verification from your supervisor.

● **REQUIREMENTS FOR PROFESSIONAL CERTIFICATION OF TEACHERS:**

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

● **REQUIREMENTS FOR RENEWAL OF PROFESSIONAL CERTIFICATION**

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

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

1. Successfully completed a minimum of 3 semester hours of course work in areas related to the candidate’s field of specialization (**Transcript**)
2. Taught the equivalent of a semester course in an area of special education in a college or university (**Letter from administrator**)
3. Published in a professional journal (**Copy of article**)
4. Supervised a student teacher as a cooperating teacher, an administrator, or clinical intern (**Letter from program director**)
5. Participated in a minimum of 9 clock hours of in-service training validated by supervising teacher or administrator (**Letter from administrator**)
6. 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**)
7. Presented a paper at a national or regional convention (**Copy of the paper**)
8. 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**)
9. Developed an innovative IEP design, curriculum approach, educational design, or evaluation tool that is adopted by school or system (**Letter from administrator**)
10. Other significant professional development activity (**with accompanying documentation of the completion**)

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: _____

VERIFICATION BY APPLICANT:

I have read carefully this application and have completed it to the best of my ability, in order to assist the Committee in evaluating my education and training. I wish to be considered as an applicant for CED certification. Failure to sign this form will result in the return of your application. **The application fee is non-refundable.**

Signature of Applicant: _____ Date: _____

THIS FORM MUST BE COMPLETED IN FULL, SIGNED AND MAILED WITH your payment*.

Mail application and check to:
Council on Education of the Deaf
Gallaudet University
P.O. Box 2074
800 Florida Avenue, NE
Washington, D.C. 20002

**Non-refundable. The fee for returned checks is \$25.00.*

Please include a copy of your previous provisional or professional certification, if applicable.