



Council on Education of the Deaf

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

Council on Education of the Deaf
 c/o University of Texas Health Science Center
 MC 7777
 San Antonio, TX 78229

email: executivedirector@councilondeafed.org
 CED website: www.councilondeafed.org

Submit all materials to the above address.

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
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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)

The candidate for renewal of a provisional certificate must submit evidence of one year’s teaching experience with deaf children and hard of hearing children, including 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
c/o University of Texas Health Science Center San Antonio
MC 7777
7703 Floyd Curl Drive
San Antonio, Texas 78229

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