

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 RETURNED WITH PAYMENT (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: _____

Pay online and email the application or mail application with fee to: (\$25 fee for returned checks)

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