

PSS Certified Teacher Waiver

Full Name: _____ **PSS Employee #** _____

Alternative Online Course Applying for: _____

This PSS Certified Teacher Waiver is requested by eTeacher applicant for the following purpose:

- Online state certification course
- Online professional development
- Instructional Technology Training Program
- Non-credit bearing online course
- Other: _____

Applicant meets at least one of the qualifications to teach an online course:

- Post-secondary degree(s) in: _____
*Transcript(s) or diploma(s) attached
- Subject matter expert
*Certificate attached
- State or Nationally Certified
*Certificate attached
- Minimum of 2 years of professional work experience in subject
*Resume or verification of employment attached

Please add any additional information that you think may be relevant to a decision to grant waiver.

Representation That Waiver Is Filled Out Truthfully:

By my signature placed below, I confirm that the information provided in this waiver is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date.

Date:	Applicant Signature:
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For PSS Use Only

Waiver grants applicant from providing a valid CNMI State Board of Education Teaching Certificate

Date Reviewed and Approved:	Reviewed and Approved By:
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