

TEACHER DEVELOPMENT AND CERTIFICATION  
**REQUEST FOR TEMPORARY LETTER OF AUTHORITY**

(Authorized by the Minister pursuant to the *School Act* RSA 2002 Chapter S-3, 92(1), 93 and 276  
and the *Certification of Teachers Regulation* AR 3/99, as amended by AR 213/2003)

A Temporary Letter of Authority (TLA) to teach may be considered only for applicants who present, at a minimum, evidence of: (a) holding certification in the jurisdiction where initial teacher preparation was completed; and (b) good standing in the last jurisdiction of employment\*. In addition, these applicants must be deemed likely to qualify in all other respects for the Alberta Interim Professional Certificate. Temporary Letters of Authority are issued for a three-month period to allow sufficient time to complete the application process. (\* The jurisdiction of original certification may be the same as the last jurisdiction of employment as a teacher.)

**PLEASE PRINT**

<b>1. APPLICANT'S PERSONAL INFORMATION:</b>	<b>FILE/CERTIFICATE NO.</b>	
Name: _____		
Title _____	(from Alberta Education)	
First/middle names - in full _____		
Last name _____		
Mailing address: _____		
Street address _____	City and Province _____	Postal Code _____
Date of birth: _____ (yy/mm/dd)	Home Phone: _____	Work Phone: _____
Previous legal name: _____	E-mail _____	
*Acceptable evidence is (a) a sworn declaration before a commissioner of oaths or notary public outlining all names used for legal purposes; or (b) the original document(s) sent by registered mail. Original documents will be returned by registered mail. You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification</b> , by calling (780) 427-2045 or toll free by dialling 310-0000.		
<b>Location of initial teacher preparation program:</b> _____		
<b>Immigration Status:</b> (check one)		
<input type="checkbox"/> Canadian citizen by birth	<input type="checkbox"/> Permanent resident	
<input type="checkbox"/> Canadian citizen by naturalization	<input type="checkbox"/> Other:	
<b>2. RECRUITMENT REQUEST:</b> (to be completed by School Principal)		
Type of teaching position (I) : _____		
(e.g. Full-time, Half-time, Substitute)		
Type of teaching position (II): _____		
(e.g. Second Language Instruction, ECS, Private School, Vocational Ed. or CTS, Special Ed., other)		
Period of Employment From: _____ (yy/mm/dd) To: _____ (yy/mm/dd)		
<b>3. RECOMMENDATION:</b> (to be completed by School Principal)		
Principal: (print name) _____ Signature: _____		
as recommending officer for (school name) _____ :		
	<b>Yes/No</b>	
<input type="checkbox"/> I verify that the above candidate has submitted to Teacher Development and Certification Branch of Alberta Education, a formal application for teacher certification. (If no, please instruct the candidate to contact the Teacher Development and Certification Branch immediately.)	_____	
<input type="checkbox"/> I am satisfied that the above individual may be entrusted with teaching duties and has not been convicted of a criminal offence in Canada or an equivalent offence elsewhere.	_____	
<input type="checkbox"/> It is my understanding that the above individual holds or held a valid teaching certificate in another jurisdiction.	_____	
<input type="checkbox"/> I also believe that this individual is in good standing in the jurisdiction where he/she last taught.	_____	
<b>4. RECOMMENDATION APPROVED:</b> (to be completed by AISCA)		
Name of Recommending Officer: _____	Title: _____	_____
Signature: _____	Date: _____	_____
<b>NO TEACHING AUTHORITY WILL BE CONSIDERED UNTIL THE MINIMUM CRITERIA NOTED ABOVE ARE MET.</b>		
There is no fee for processing this form.		
<b>Mail to:</b> AISCA-DSA Program, 201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1		
The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the <i>Certification of Teachers Regulation</i> and section 33 of the <i>Freedom of Information and Protection of Privacy Act</i> (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for a temporary letter of authority. The personal information will be treated in accordance with the <i>FOIP Act</i> . Questions regarding the collection may be directed to the Director, <b>Teacher Development and Certification Branch, Alberta Education</b> , 44 Capital Boulevard, 10044 - 108 Street, Edmonton, Alberta, T5J 5E6. Telephone 780-427-2045 or toll free by dialling 310-0000.		

# Teacher's Checklist

## Application for Temporary Letter of Authority

To do:

Complete part 1.

Principal completes parts 2 and 3.

Mail the completed form to AISCA.

Authority/letter received from Alberta Education.

Done


Sent to AISCA on: \_\_\_\_\_

Received response from Alberta Education on: \_\_\_\_\_

***Keep this sheet, along with a copy of the form, for your records.***

# TEACHER DEVELOPMENT AND CERTIFICATION REQUEST FOR LETTER OF AUTHORITY

(Authorized by the Minister pursuant to the *School Act* RSA 2002 Chapter S-3, 92(1), 93 and 276 and the *Certification of Teachers Regulation* AR3/99, as amended by AR 213/2003)

A Letter of Authority to teach may be considered only for applicants who have been deemed by the Teacher Development and Certification Branch to possess an approved teacher preparation program and are in good standing in the jurisdiction of original certification and the last jurisdiction of employment as a teacher, but who do not immediately qualify for the Alberta Interim Professional Certificate. In addition, school authorities must demonstrate that a certificated teacher could not be recruited to the position to be filled by an individual holding interim teaching authority. A Letter of Authority will be issued only for the current school year. Mandatory upgrading of one full course (6 semester hour credits) is required before further authority can be considered.

**PLEASE PRINT**

<b>1. APPLICANT'S PERSONAL INFORMATION:</b>	<b>FILE/CERTIFICATE NO.</b>
Name: _____	
Title _____ First/middle names - <b>in full</b> _____ Last name _____ (from by Alberta Education)	
Mailing Address: _____	
Street Address _____ City/Prov/Country _____ Postal Code _____	
Date of Birth: _____ (yy/mm/dd) Home Phone: _____ Work Phone _____	
Previous legal name: _____ E-mail _____	
<p>Note: acceptable evidence is (a) a sworn declaration before a commissioner of oaths or notary public outlining all names used for legal purposes; or (b) the original* document(s) sent by registered mail. Original documents will be returned by registered mail. (*You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification Branch</b>, T4K 2M5, 780-427-2045 or toll free by dialling 310-0000.)</p> <p><b>Immigration Status:</b> (✓)</p> <p><input type="checkbox"/> Canadian citizen by birth <span style="margin-left: 200px;"><input type="checkbox"/> Permanent resident</span></p> <p><input type="checkbox"/> Canadian citizen by naturalization <span style="margin-left: 150px;"><input type="checkbox"/> Other: _____</span></p>	
<b>2. RECRUITMENT REQUEST:</b> (to be completed by school Principal)	
Type of Teaching Position (I) : _____ (II) _____ (i.e. substitute, full-time, half-time) (2nd Lang., ECS, Priv. School, Vocational Ed., Special Ed., other)	
Reasons for Request (✓):	
<input type="checkbox"/> Remote teaching location	<input type="checkbox"/> Immediate and pressing need
	<input type="checkbox"/> Special Qualification Requirement
Please indicate what attempts you have made to recruit to this position (Y or N):	
Advertised in major newspapers in Alberta _____	Advertised locally _____
Advertised in major newspapers across Canada _____	Date advertised: _____
Period of Employment from: _____ (yy/mm/dd) to _____ (yy/mm/dd)	
<b>3. RECOMMENDATION:</b> (to be completed by school Principal)	
Principal: (print name) _____	Signature: _____
as recommending officer for (school name) _____ :	
I verify that the above candidate has submitted to Teacher Development and Certification Branch of Alberta Education, a formal application for teacher certification. If no, please instruct the candidate to contact the Teacher Development and Certification Branch immediately. <span style="float: right;"><b>Yes/No</b></span>	
<input type="checkbox"/> I am satisfied that the above individual has not been convicted of a criminal offence in Canada or an equivalent offence elsewhere.	_____
<input type="checkbox"/> It is my understanding that the above individual holds or held a valid teaching certificate in another jurisdiction.	_____
<input type="checkbox"/> I also believe that this individual is in good standing in the jurisdiction where he/she last taught.	_____
<b>4. RECOMMENDATION APPROVED:</b> (to be completed by AISCA)	
Name of Recommending Officer: <u>Duane Plantinga</u>	Title: <u>AISCA-DSA Program Coordinator</u>
Signature: _____	Date: _____
(There is no fee for processing this form if this is the initial request)	
NOTE: If this is a request to <b>re-issue</b> a Letter of Authority, attach a <b>\$25</b> cheque to <b>The Minister of Finance</b> . (Fee Attached: _____ initials)	
<b>Mail to: AISCA-DSA Program, 201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1</b>	
The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the <i>Certification of Teachers Regulation</i> and section 33 of the <i>Freedom of Information and Protection of Privacy Act</i> (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for a letter of authority. The personal information will be treated in accordance with	

## Teacher's Checklist Application for Letter of Authority

To do:

Done

Complete part 1

Have principal complete parts 2 and 3.

If this is not the first time applying for an LA, attach the cheque to the form.

Mail the completed form and cheque (if applicable) to AISCA.

Authority/letter received from Alberta Education.


Sent to AISCA on: \_\_\_\_\_

Received response from Alberta Learning on: \_\_\_\_\_

***Keep this sheet with a copy of the form for your records.***

TEACHER DEVELOPMENT AND CERTIFICATION RECOMMENDATION  
**APPLICATION FOR EXTENSION OF INTERIM PROFESSIONAL CERTIFICATE**

(Authorized by the Minister pursuant to the *School Act*, R.S.A. 2002, Chapter S-3, 92(1), 93 and 276,  
and the *Certification of Teachers Regulation Act AR 3/99* as amended by AR 213/2003)

**APPLICANT:** If you hold an Alberta Interim Professional Certificate which will expire August 31 of the current school year, and wish to apply for an extension, **you must complete this application form in full.** Please mail it to the recommending officer at the AISCA-DSA Program (address noted below) **before the end of the current school year**, along with the required fee. The recommending officer will then forward both the form and the required fee to the Office of the Registrar.

**Please Print**

<b>1. APPLICANT'S PERSONAL INFORMATION:</b>	<b>FILE/CERTIFICATE NO.</b>		
Name: _____			
Title _____	First/middle names - <b>in full</b> _____	Last name _____	(from by Alberta Education)
Street Address _____		City/Prov/Country _____	Postal Code _____
Date of Birth: _____ (yy/mm/dd)	Home Phone: _____	Work Phone _____	
*Previous legal name: _____		E-mail _____	
<small>*Note: Do not send original birth or marriage certificates to AISCA. Send to Alberta Education, Teacher Development and Certification Branch. Acceptable evidence is (a) a sworn declaration before a commissioner of oaths or notary public outlining all names used for legal purposes; or (b) the original* document(s) sent by registered mail. Original documents will be returned by registered mail. (*You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification Branch</b>, T4K 2M5, 780-427-2045 or toll free by dialling 310-0000.)</small>			
<b>2. Immigration/Citizenship Status:</b>			
If your immigration status has changed since last certification with Alberta Education, please provide proof in the form of the original* document either in person at Alberta Education, Teacher Certification & Development or by registered mail direct to their office. * You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification Branch</b> , Alberta Education, Telephone: (780) 427-2045 or toll free by dialling 310-0000.			
<b>3. While holding your current Interim Professional Certificate, did you teach outside of Alberta?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
If <b>Yes</b> , please indicate each province, state or country: _____			
If <b>Yes</b> , please arrange to have a current Statement of Professional Standing sent <b>directly</b> to Alberta Education, Teacher Development and Certification (see address below) from the provincial, state, or national Department or Ministry of Education or College of Teachers responsible for certification. <b>Where are you contracted to teach next school year?</b>			
_____			
<b>4. Self-Declaration:</b>			
I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSAs) related to Interim Certification as outlined in the <i>Teaching Quality Standard Ministerial Order 016/97</i> and I hereby attest to possessing such KSAs and to my ability to apply them appropriately toward student learning. I also commit to teaching practice and ongoing professional growth in keeping with the Teaching Quality Standard and descriptors of quality teaching under <i>Ministerial Order 016/97</i> .			
I declare that the particulars that have been furnished on this form are true and complete in all respects and that no relevant information has been withheld. I declare that all documentation that may be submitted by me has not been changed or altered in any way. I understand that a false declaration or wilful omission, or submission of altered, tampered or forged documentation may result in the non-issuance, suspension or cancellation of my teaching certificate under the <i>Certification of Teachers Regulation</i> .			
Applicant's Signature _____		Date of Application _____	
<b>5. Alberta School Jurisdiction/Authority Recommendation: (to be completed by AISCA)</b>			
The above-named applicant, _____, will be employed for the _____ school year by _____ (school name).			
I confirm that this teacher continues to meet the requirements for the Alberta Interim Professional Certificate as prescribed by <i>Ministerial Order 016/97</i> , and recommend the extension of such certificate. (Fee attached: _____ initials)			
Name of Recommending Officer: <u>  Duane Plantinga  </u>		Title: <u>  AISCA-DSA Program Coordinator  </u>	
Signature: _____		Date: _____	

**Attach a \$25 cheque made out to The Minister of Finance.**

**Mail to:** AISCA-DSA Program, 201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1

The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the *Certification of Teachers Regulation*, and section 33 of the *Freedom of Information and Protection of Privacy Act* (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for extension of your interim professional certificate. The personal information will be treated in accordance with the FOIP Act. Questions regarding the collection may be directed to the Director, Teacher Development and Certification Branch, Alberta Education, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, AB, T5J 5E6. Telephone: (780) 427-2045; toll free by dialling 310-0000.

# Applicant's Checklist

## Extension to Interim Professional Certificate

To do:

Complete sections 1 to 4 above (#5 is completed by AISCA).

Attach a cheque payable to Minister of Finance in the amount of \$25.00.

Mail the completed form and cheque to AISCA.

Done


Sent to AISCA on: \_\_\_\_\_

Received response from Alberta Education on: \_\_\_\_\_

*Keep this sheet with a copy of the form for your records.*

TEACHER DEVELOPMENT AND CERTIFICATION RECOMMENDATION  
**APPLICATION FOR RE-ISSUANCE OF INTERIM PROFESSIONAL CERTIFICATE**

(Authorized by the Minister pursuant to the *School Act*, RSA 2002 Chapter S-3, 92(1), 93 and 276,  
and the *Certification of Teachers Regulation Act AR 3/99* as amended by AR 213/2003)

**Applicant:** If you hold an expired Alberta Interim Professional Certificate, and wish to have it re-issued, **you must complete this form in full**, and send it to the recommending officer at the AISCA-DSA Program (address noted below), along with the required fee and record check form. The recommending officer will then forward both the form and the required fee to Alberta Education.

**PLEASE PRINT**

<b>1. APPLICANT'S PERSONAL INFORMATION:</b>			<b>FILE/CERTIFICATE NO.</b>	
Name: _____			_____	
Title	First/middle names - in full	Last name	(from Alberta Education)	
Street Address			City/Prov/Country	Postal Code
Date of Birth:	_____ (yy/mm/dd)	Home Phone: _____	Work Phone _____	
*Previous legal name:	_____	E-mail _____		
<small>*Note: Do not send original birth or marriage certificates to AISCA. Send to Alberta Education, Teacher Development and Certification Branch. Acceptable evidence is (a) a sworn declaration before a commissioner of oaths or notary public outlining all names used for legal purposes; or (b) the original* document(s) sent by registered mail. Original documents will be returned by registered mail. (*You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification Branch</b>, T4K 2M5, 780-427-2045 or toll free by dialling 310-0000.)</small>				
<b>2. Immigration/Citizenship Status:</b>				
<small>If your immigration status has changed since last certification with Alberta Education, please provide proof in the form of the original* document either in person at Alberta Education, Teacher Certification &amp; Development or by registered mail direct to their office. * You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from <b>Alberta Education, Teacher Development and Certification Branch</b>, Alberta Education, Telephone: (780) 427-2045 or toll free by dialling 310-0000.</small>				
<b>3. While holding your current Interim Professional Certificate, did you teach outside of Alberta?</b> ___ No ___ Yes				
<small>If <b>Yes</b>, please indicate each province, state or country: _____</small>				
<small>If <b>Yes</b>, please arrange to have a current Statement of Professional Standing sent <b>directly</b> to Alberta Education, Teacher Development and Certification (see address below) from the provincial, state, or national Department or Ministry of Education or College of Teachers responsible for certification.</small>				
<b>Where are you contracted to teach?</b> _____				
<b>4. Confidential Disclosure:</b> (this form must be accompanied by a completed Teacher Certification Confidential Disclosure and Criminal Record Check Authorization form)				
Have you ever been denied or had suspended or cancelled any certificate, permit, or authority to teach in Canada		NO <input type="checkbox"/>	YES <input type="checkbox"/>	
or in another country?				
Have you ever been convicted or given an absolute or conditional discharge or been pardoned of a criminal offence		NO <input type="checkbox"/>	YES <input type="checkbox"/>	
in Canada or in another country?				
<small>If you have answered yes to either of the above you may be required to provide the Registrar with an official criminal record search document by fingerprint comparison at your own cost.</small>				
<small>Self-Declaration: I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSA) related to Interim Certification as outlined in the Teaching Quality Standard Ministerial Order 016/97 and I hereby attest to possessing such KSA and to my ability to apply them appropriately toward student learning. I also commit to teaching practice and ongoing professional growth in keeping with the Teaching Quality Standard and descriptors of quality teaching under Ministerial Order 016/97.</small>				
<small>I declare that the particulars that have been furnished on this form are true and complete in all respects and that no relevant information has been withheld. I declare that all documentation that may be submitted by me has not been changed or altered in any way. I understand that a false declaration or wilful omission, or submission of altered, tampered or forged documentation may result in the non-issuance, suspension or cancellation of my teaching certificate under the Certification of Teachers Regulation.</small>				
Applicant's Signature _____		Date of Application _____		
<b>5. Alberta School Jurisdiction/Authority Recommendation: (AISCA to complete this section)</b>				
The above-named applicant, _____, will be employed for the _____ school year				
by _____ (school name)				
<small>I confirm that this teacher continues to meet the requirements for the Alberta Interim Professional Certificate as prescribed by Ministerial Order 016/97, and recommend the re-issuance of such certificate. (AISCA confirmation of fees attached: _____ (initials))</small>				
Name of Recommending Officer: <u>Duane Plantinga</u>		Title: AISCA-DSA Program Coordinator _____		
Signature: _____		Date: _____		

Attach a **\$25** cheque made out to **The Minister of Finance** and a completed disclosure/record check form.

**Mail to:** AISCA-DSA Program, 201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1

The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the *Certification of Teachers Regulation*, and section 33 of the *Freedom of Information and Protection of Privacy Act* (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for re-issuance of Alberta Teacher certification. The personal information will be treated in accordance with the FOIP Act. Questions regarding the collection may be directed to the Director, Teacher Development and Certification Branch, Alberta Education, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, AB, T5J 5E6. Telephone: (780) 427-2045; toll free by dialling 310-0000.

## Teacher's Checklist for Re-Issuance of Interim Professional Certificate

**To do:**

	Done
Complete points 1 through 4 (#5 is completed by AISCA).	
Attach a <i>Teacher Certification Confidential Disclosure and Criminal Record Check Authorization</i> .	
Attach a cheque payable to Minister of Finance in the amount of \$25.00.	
Mail the completed forms and cheque to AISCA.	

Mailed to AISCA on: \_\_\_\_\_

Received response from Alberta Education on: \_\_\_\_\_

*Keep this sheet, along with a copy of the form, for your records.*

# TEACHER CERTIFICATION CONFIDENTIAL DISCLOSURE AND CRIMINAL RECORD CHECK AUTHORIZATION

All questions must be answered fully and precisely. A false declaration or omission may be grounds for the denial, suspension or cancellation of a teaching certificate. Despite your response to any of the questions below, on a random basis, you may be required to provide a criminal record check to the Registrar.

## A. NAME/IDENTIFICATION:

Surname	Given Names In Full	
All Other Previous Names Used	Date Of Birth (YY-MM-DD)	
Address		
City/Town	Province	Postal Code
Telephone (Home)	Telephone (Business)	

## B. SELF-DISCLOSURE

1. Have you ever been denied, or had suspended or cancelled any certificate, permit or license to teach, whether in Canada or in another country? ( ) NO ( ) YES

If yes, Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
Details: \_\_\_\_\_

2. Are you currently charged with any offence under any statute, whether in Canada or in another country? ( ) NO ( ) YES

If yes, Offence: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
Details: \_\_\_\_\_  
Offence: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
Details: \_\_\_\_\_

3. Have you ever been convicted or been pardoned under the Criminal Records Act of a criminal offence under statute\* whether in Canada or in another country? ( ) NO ( ) YES any

\*In Canada, any statute includes, but is not limited to the Criminal Code and the Controlled Drugs and Substances Act.

If yes, Offence(s)\*\*: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_

**B. SELF-DISCLOSURE (CONTINUED)**

If yes, Offence(s)\*\*: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

If yes, please provide date of pardon: \_\_\_\_\_

\*\*For each offense listed above, please provide all official notices of conviction directly from the Clerk of the Court of the jurisdiction of the conviction.

4. Have you ever been given a conditional discharge in respect to a criminal offence in Canada or in another country?  
( ) NO ( ) YES

If yes, please provide documentation that provides evidence showing the date of discharge and confirms whether the conditions of the discharge have been met.

Date of Discharge: \_\_\_\_\_

**C. UNDERTAKING:**

I understand that depending on the nature of my offence(s), I may be required to provide an official criminal record search document by fingerprint comparison. I understand that I am responsible for all costs involved in providing such documentation to the Registrar for the Teacher Development and Certification Branch of Alberta Education. I hereby undertake to provide, upon request, official police records when and as required.

**D. AUTHORIZATION:**

I hereby grant to the Registrar of Teacher Certification, Alberta Education full authority to conduct, at his discretion, a criminal record check or background check or enquiry from any police authority or other authority, organization or institution with regard to any criminal conviction or charge or any of the other matters referred to in Section B.

I further authorize and consent to the release of such details of convictions and outstanding charges by any law enforcement agency or authority to The Registrar of Teacher Development and Certification at Alberta Education.

I also consent to the release of confirmation of relevant convictions and outstanding charges to school authorities requesting such information.

**E. DECLARATION:**

I declare that the information provided on this form is true and complete and that no relevant information has been withheld or falsely represented.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The presence of a record of charges or convictions does not necessarily exclude you from certification. Each case will be reviewed to determine its relevance to the requirements of the teaching profession on an individual basis and in accordance with the Certification of Teachers Regulation.

**THIS FORM MUST BE COMPLETED IN FULL AND RETURNED ATTACHED TO YOUR APPLICATION FOR RE-ISSUANCE OF ALBERTA TEACHING AUTHORITY.**

The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the *Certification of Teachers Regulation*, and 33 of the *Freedom of Information and Protection of Privacy Act* (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for extension of your interim professional certificate. The personal information will be treated in accordance with the FOIP Act. Questions regarding the collection may be directed to the Director, **Teacher Development and Certification Branch, Alberta Education, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, AB, T5J 5E6**. Telephone: (780) 427-2045 or toll free by dialling 310-0000.

# 2009-2010

## Request for the Services of a Designated Signing Authority for PERMANENT PROFESSIONAL CERTIFICATION

(Please read the entire form and the guidelines in the AISCA Teacher Certification Handbook.)

Applicant: If, in the course of this school year, you will be completing the equivalent of two full school years of teaching, **while holding a valid interim professional certificate**, you must apply for an evaluation for permanent certification.

<b>PLEASE PRINT:</b>	Canadian Citizen Yes _____ No _____
Surname _____	Social Insurance # _____
Full Name(s) _____	<b>Interim Certificate #</b> _____
Maiden/Previous Name _____	Interim Cert. Date of Issue _____
Home Address _____	Interim Cert. Date of Expiry _____
_____ Postal Code _____	School _____
E-mail Address _____	School Address _____
Home Phone _____	_____
Date of Birth _____	School Phone _____

**Declaration:** I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSAs) related to the Alberta Permanent Professional Certificate as outlined in Ministerial Order (#016/97) *Teaching Quality Standard Applicable to the Provision of Basic Education in Alberta*, and I hereby attest to my ability and commitment to apply them appropriately toward student learning. I also commit to ongoing professional growth, in keeping with the *Teaching Quality Standard* and descriptors of quality teaching under Ministerial Order (#016/97).

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Applicant:** It is your responsibility to ensure that you held, and continue to hold, a valid interim certificate for all the teaching time listed on this form (i.e. experience while holding a Letter of Authority, or time between the interim expiring and a new interim being issued, does not count).

**RECORD OF SERVICE:** (in Alberta while holding a valid Interim Professional Certificate)

Please indicate exact date your contract commenced (attach separate sheet or write on back if necessary).

Commencement Date			End Date			Description of teaching experience. Indicate assignment: elementary (grade levels) or secondary (subjects)	School or School Authority	Number of School Operating Days	Subtotal (indicate FTE in years <b>OR</b> days)	
Year	Mo	Day	Year	Mo	Day				Yrs	Days
								<b>Total</b>		

**Reminder** - part-time and substitute teachers should calculate the two year requirements on the basis of the percentage of full-time specified in their contracts, or on the basis of hours of classroom teaching. (Five hours per day for 200 days equals 1 full year.)

**Teaching Experience\*\*** - specify grade level (elementary) or subjects taught (secondary) during the two years of experience on which this request is based:

**Other Related Experience\*\*** (Specify the teaching-related duties performed instead of classroom teaching during the two years of experience on which this request is based, for example, librarian, administrator, etc.): \_\_\_\_\_

**Applicant: Attach a \$50 cheque made out to The Minister of Finance.**

Important: all the above information must be accurate and accompanied by the appropriate fee. The Designated Signing Authority will not be able to complete the recommendation if the teacher has not completed all requirements, including a prior formal evaluation by the principal kept in the teacher's file at school. The Program fee is not refundable once the DSA has scheduled a visit.

**Mail this form**, along with the cheque, to: AISCA-DSA Program, 201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1

The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the *Certification of Teachers Regulation*, and section 33 of the *Freedom of Information and Protection of Privacy Act* (FOIP Act). This information will be used for the purpose of processing your application to determine your eligibility for your permanent professional certificate. The personal information will be treated in accordance with the FOIP Act. Questions regarding the collection may be directed to the Director, Teacher Development and Certification Branch, Alberta Education, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, AB, T5J 5E6. Telephone (780) 427-2045, toll free by dialling 310-0000.

# Teacher's Checklist

## Application for Permanent Professional Certification

Done    N/A

Complete the full form **including describing your experience** (any backup documentation regarding your teaching should be kept by you, don't send it in to AISCA). If you taught part-time, calculate the two year requirements on the basis of the percentage of full-time specified in your contract OR on the basis of hours of classroom teaching. Note that five (5) hours per day for 200 days equals one full year.

Did you hold a **temporary** Letter of Authority prior to receiving your interim certificate? If so, please indicate this and include the time in the "Record of Service" above.

Attach a cheque payable to Minister of Finance in the amount of \$50.00.

If your name has changed since your interim certificate was issued, have you sent the required change information to Alberta Education by registered mail or taken it to their office in person?

Mail the completed form and cheque to AISCA.



### What's next?

Once the AISCA-DSA office has received and processed your application, you will receive a letter from the office outlining the next steps of the process. You should not expect any arrangements for visits or contact from your DSA until January, at the earliest. For those of you who apply in January or later, your DSA may take some time to contact you, depending on the time of year they receive the assignment. If you have not heard from your DSA by the end of April, please do not hesitate to contact the office.

### Important points to remember:

1. We **cannot guarantee** evaluations for requests received after April 2 of the current school year.
2. Only days taught while holding a **valid interim professional certificate** or a **valid temporary letter of authority** count towards your permanent certificate.
3. You must be a Canadian citizen to receive your permanent certificate. If you are not a Canadian citizen by the date of your review, we suggest you wait one more year before applying.
4. Ensure a recent review performed by your principal has been done and filed in your personnel file at school.

Sent to AISCA on: \_\_\_\_\_

Received response from Alberta Education on: \_\_\_\_\_

***Keep this sheet, along with a copy of the form, for your records.***