

PROFESSIONAL STANDARDS BRANCH  
**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 return 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 the form and the required fee to the Alberta Education's Professional Standards Branch.

**Please Print**

**1. APPLICANT'S PERSONAL INFORMATION:**

Current Full Legal Name:

**FILE/CERTIFICATE NO.**

Title	Surname	First/middle names - <b>in full</b>	(from Alberta Education)
Mailing Address	City/Prov/Country	Postal Code	Date of Birth (yy/mm/dd)
Home Phone	Work Phone	E-mail	

**List all other (previous) legal names:** \_\_\_\_\_  
Provide acceptable evidence of name change(s): (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. **Do not send original birth or marriage certificates to AISCA.** Send to Alberta Education, Professional Standards Branch. Original documents will be returned by registered mail. (See **NOTE** below.)

**Immigration/Citizenship Status:**  
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. (Also see **NOTE** below)

**NOTE:** For both evidence of legal name change and of immigration/citizenship status you may choose to submit an unaltered copy of your original document(s) accompanied by a *Statutory Declaration* form(s) obtained from **Alberta Education, Professional Standards Branch**, web site: <http://education.alberta.ca/> or by calling 780-427-2045 or toll free by dialing 310-0000.

**2. While holding your current Interim Professional Certificate, did you teach outside of Alberta?** \_\_\_ No \_\_\_ Yes

If **Yes**, please indicate each province, state or country: \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
\_\_\_\_\_ Dates of employment \_\_\_\_\_

If **Yes**, arrange to have a current Statement of Professional Standing sent **directly** to Alberta Education, Professional Standards Branch (see address on Applicant's checklist page) from the provincial, state, or national Department or Ministry of Education or College of Teachers responsible for certification.

**3. Where are you contracted to teach next school year?** \_\_\_\_\_

**4. Self-Declaration:**  
I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSAs) related to Interim Certification as outlined in the *Teaching Quality Standard Ministerial Order 016/97* 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 *Ministerial Order 016/97*.  
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 willful 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*.

Applicant's Signature	Date of Application
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**5. Alberta School Jurisdiction/Authority Recommendation: (to be completed by AISCA & not the school principal)**

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 *Ministerial Order 016/97*, and recommend the extension of such certificate.

Name of Recommending Officer:     Ary De Moor     Title:     AISCA-DSA Officer     Fee attached: \_\_\_\_\_ (initial)

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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, Professional Standards Branch, Alberta Education, 44 Capital Boulevard, 10044 - 108 Street, Edmonton, AB, T5J 5E6. Telephone: (780) 427-2045; toll free by dialing 310-0000.

**Applicant's Checklist  
Extension to Interim Professional Certificate**

Check list:

Complete sections 1 to 4 of the form (#5 is completed by AISCA).

If necessary send acceptable evidence of name change or Immigration/Citizenship status **directly to:**

Professional Standards Branch  
Alberta Education  
44 Capital Boulevard  
10044 – 108 Street  
Edmonton, AB, T5J 5E6

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

Mail the completed form **and** the Minister of Finance cheque to **AISCA:**

AISCA-DSA Program  
201, 11830 - 111 Avenue  
Edmonton, AB, T5G 0E1

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

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

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