

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

1. APPLICANT'S PERSONAL INFORMATION:			FILE/CERTIFICATE NO.
Name: _____			
Title	First/middle names - in full	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 Alberta Education, Teacher Development and Certification Branch, T4K 2M5, 780-427-2045 or toll free by dialling 310-0000.)</small>			
2. 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. * You may choose to submit an unaltered copy of your original document(s) accompanied by a statutory declaration form(s) obtained from Alberta Education, Teacher Development and Certification Branch , Alberta Education, Telephone: (780) 427-2045 or toll free by dialling 310-0000.			
3. While holding your current Interim Professional Certificate, did you teach outside of Alberta? ___ No ___ Yes			
If Yes , please indicate each province, state or country: _____			
If Yes , please arrange to have a current Statement of Professional Standing sent directly 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. 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 <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 _____	
5. Alberta School Jurisdiction/Authority Recommendation: (to be completed by AISCA)			
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.