

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

1. APPLICANT'S PERSONAL INFORMATION:	FILE/CERTIFICATE NO.
Name: _____	
Title _____ First/middle names - in full _____ 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 Alberta Education, Teacher Development and Certification Branch, T4K 2M5, 780-427-2045 or toll free by dialling 310-0000.)</p>	
Immigration Status: (✓)	
<input type="checkbox"/> Canadian citizen by birth	<input type="checkbox"/> Permanent resident
<input type="checkbox"/> Canadian citizen by naturalization	<input type="checkbox"/> Other: _____
2. RECRUITMENT REQUEST: (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)	
3. RECOMMENDATION: (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.	Yes/No
<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.	_____
4. RECOMMENDATION APPROVED: (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 re-issue a Letter of Authority, attach a \$25 cheque to The Minister of Finance . (Fee Attached: _____ initials)	
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 <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 the <i>FOIP Act</i> . 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.	

Teacher's Checklist

Application for Letter of Authority

To do:

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.

Done

Sent to AISCA on: _____

Received response from Alberta Learning on: _____

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