

PROFESSIONAL STANDARDS BRANCH  
**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 criminal record check form. The AISCA-DSA recommending officer will then forward the forms and the required fee to Alberta Education's Professional Standards Branch.

**PLEASE PRINT**

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

<b>Current Full Legal Name:</b>			<b>FILE/CERTIFICATE NO.</b>
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. Confidential Disclosure:**

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  YES   
 or in another country?

Have you ever been convicted or given an absolute or conditional discharge or been pardoned of a criminal offence \_\_\_\_\_ NO  YES   
 in Canada or in another country?

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.

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.

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 \_\_\_\_\_

**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 *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 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, 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.

**Teacher's Checklist  
Re-Issuance of 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

Complete a *Teacher Certification Confidential Disclosure and Criminal Record Check Authorization* form.

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

Mail the completed forms **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**