

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

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| 1. APPLICANT'S PERSONAL INFORMATION: | FILE/CERTIFICATE NO. |
| Name: _____ | |
| Title _____ | _____ (from Alberta Education) |
| Mailing address: _____ | |
| Street address _____ | City and Province _____ |
| Date of birth: _____ (yy/mm/dd) | Postal Code _____ |
| 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 Alberta Education, Teacher Development and Certification , by calling (780) 427-2045 or toll free by dialling 310-0000. | |
| Location of initial teacher preparation program: _____ | |
| Immigration Status: (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: _____ |
| 2. RECRUITMENT REQUEST: (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) | |
| 3. RECOMMENDATION: (to be completed by School Principal) | |
| Principal: (print name) _____ | Signature: _____ |
| as recommending officer for (school name) _____ : | |
| | Yes/No |
| <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. | _____ |
| 4. RECOMMENDATION APPROVED: (to be completed by AISCA) | |
| Name of Recommending Officer: _____ Duane Plantinga _____ | Title: _____ AISCA-DSA Program Coordinator _____ |
| Signature: _____ | Date: _____ |
| NO TEACHING AUTHORITY WILL BE CONSIDERED UNTIL THE MINIMUM CRITERIA NOTED ABOVE ARE MET. | |
| There is no fee for processing this 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 <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, Teacher Development and Certification Branch, Alberta Education , 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

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Sent to AISCA on: _____

Received response from Alberta Education on: _____

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