

TEACHER CERTIFICATION 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.** The recommending officer will then forward the application to Alberta Education's Teacher Certification Branch.

Please Print

1. APPLICANT'S PERSONAL INFORMATION:

Current Full Legal Name: _____ **FILE/CERTIFICATE NO.** _____

Title _____ Surname _____ First/middle names - **in full** _____ (from Alberta Education)

Mailing Address _____ City/Province/Country _____ Postal Code _____ Date of Birth (yy/mm/dd) _____

Home Phone _____ Work Phone _____ E-mail (please print clearly) _____

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, Teacher Certification Branch. Original documents will be returned by registered mail. (See **NOTE** below.)

Citizenship Status: (check one)

- Canadian citizen by birth Permanent resident
 Canadian citizen by naturalization Other: _____

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, Teacher Certification 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: _____ FTE Years _____
Dates of employment
 _____ FTE Years _____
Dates of employment

If **Yes**, arrange to have a current Statement of Professional Standing sent **directly** to Alberta Education, Teacher Certification 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. Which Independent school has contracted you 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 _____

5. Alberta School Authority Recommendation: (Review and Approval by AISCA DSA, not school principal)

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
 Signature of Officer: _____ Date: _____

Please forward this application to AISCA by fax (780)469-9880, by e-mail office@aisca.ab.ca or by mail to AISCA-DSA Program, #201, 11830 – 111 Ave. 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 Certification 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 request form.

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

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

Forward the completed form to AISCA by fax (780)469-9880, by e-mail to office@aisca.ab.ca or by mail at AISCA-DSA Program, #201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1

AISCA approves and submits all teacher certification requests on behalf of Independent Schools in the Province. A Designated Signing Authority officer appointed by the Registrar, with a position at the AISCA office, must sign off on the recommendation and then it will be submitted to the Teacher Certification Branch after it is reviewed.

Forward the completed form to AISCA by fax (780) 469-9880, by e-mail to office@aisca.ab.ca or by regular mail to:

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

Upon receipt of the request form, AISCA will forward the recommendation to the Registrar of the Teacher Certification Branch through the Teacher Workforce Information System (TWINS). AISCA will then e-mail the applicant with information about how to pay \$25 on-line through TWINS self-service or through alternate forms of payment such as a cheque or money order payable to Government of Alberta and sent directly to Teacher Certification Branch.

AISCA's e-mail will also inform the applicant how to access a Self-Disclosure and Criminal Record Check Authorization form and ask the applicant to print, complete, sign and mail the form directly to Teacher Certification Branch. Please note that an original signature is required and therefore mailing is the only option.

Sent to AISCA on: _____

Received response from Alberta Education on: _____

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