TEACHER CERTIFICATION BRANCH 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 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. 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

First/middle names - in full

FILE/CERTIFICATE NO.

(from Alberta Education)

1. APPLICANT'S PERSONAL INFORMATION:

Current Full Legal Name:

Surname

Title

Mailing Address	City/Province/Country	Postal Code	Date of Birth (yy/mm/dd)	
Home Phone	Work Phone	E-mail (please print clearly)		
legal purposes; or (b) the original* Alberta Education, Teacher Certific of your original document(s) accom	me change(s): (a) a sworn declarati document(s) sent by registered mai cation Branch. Original documents	ion before a commissioner of oaths or not il. Do not send original birth or marriag will be returned by registered mail. You m form(s) obtained from Alberta Education , by dialing 310-0000.	ge certificates to AISCA. Send to nay choose to submit an unaltered copy	
Citizenship Status: (check one)				
☐ Canadian citizen by birth ☐ Permanent resident				
☐ Canadian citizen by natural	ization Other:			
2. RECRUITMENT REQUEST: (to be completed by School Principal) Type of teaching position: (e.g. Full-time, Half-time, Substitute, Language Instruction, ECS, Private School, Vocational Ed. or CTS, Special Ed., other) Reasons for Request (check one or more): Immediate and pressing need Remote teaching location Special Qualification Requirement				
Period of Employment From:	(yy/mm/dd)	То: (уу/	/mm/dd)	
3. RECOMMENDATION: (t	to be completed by School P	rincipal)		
Principal: (print name)		Signature:		
as recommending officer for (school	ol name)		: :	
 teacher certification. (If no, pleas I am satisfied that the above ind in Canada or an equivalent offer It is my understanding that the a 	se instruct the candidate to contact of ividual may be entrusted with teach noe elsewhere.	tion Branch of Alberta Education, a formal the Teacher Certification Branch immedia ing duties and has not been convicted of a d teaching certificate in another jurisdiction on where he/she last taught.	tely.) a criminal offence ———	
4. RECOMMENDATION A	PPROVAL BY DSA: (to be	completed by AISCA DSA officer)	
Name of Recommending Officer:	Ary De Moor	Title: <u>AIS</u>	CA-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 a letter of authority. 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 or toll free by dialing 310-0000.

Teacher's Checklist Application for Letter of Authority

Check	a list:
	Complete section 1 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
	Have the school principal complete parts 2 and 3.
	For first time applicants there is no charge. If this is <u>not</u> the first time applying for a Letter of Authority, AISCA will contact you via e-mail regarding payment of \$25 through TWINS on-line self-service or via cheque or money order payable to Government of Alberta once your application is processed.
	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
Sent to	AISCA on:
Receive	ed response from Alberta Education on:

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