

**TEACHERS CERTIFICATION BRANCH**  
 Request for the Services of a Designated Signing Authority for  
**PERMANENT PROFESSIONAL CERTIFICATION**

Applicant: If, in the course of this school year, you will be completing the equivalent of two full school years of teaching, **while holding a valid interim professional certificate**, you must apply for an evaluation for permanent certification.

**PLEASE PRINT:**

Surname \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Maiden/Previous Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year /Mo/ Day

**Interim Certificate #** \_\_\_\_\_

Interim Cert. Date of Issue \_\_\_\_\_

Interim Cert. Date of expiry \_\_\_\_\_

Mailing Address \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_  
City/Town/Village Postal Code

School Address \_\_\_\_\_  
Street City

Home phone \_\_\_\_\_

School Phone \_\_\_\_\_

Applicant's email (Please print clearly) \_\_\_\_\_

**Citizenship Status:** (check one)

- Canadian citizen by birth       Permanent resident  
 Canadian citizen by naturalization       Other: \_\_\_\_\_

**Declaration:** I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSAs) related to the Alberta Permanent Professional Certificate as outlined in Ministerial Order (#016/97) *Teaching Quality Standard Applicable to the Provision of Basic Education in Alberta*, and I hereby attest to my ability and commitment to apply them appropriately toward student learning. I also commit to ongoing professional growth, in keeping with the *Teaching Quality Standard* and descriptors of quality teaching under Ministerial Order (#016/97).

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**To Applicant:** It is your responsibility to ensure that you held, and continue to hold, a valid interim certificate for all the teaching time listed on this form (i.e. experience while holding a Letter of Authority, or time between the interim expiring and a new interim being issued, does not count). For period of employment count only the Alberta experience gained while holding a valid Interim Professional Certificate. Please indicate exact date your contract commenced (attach separate sheet or write on back if necessary).

**Reminder** - part-time and substitute teachers should calculate the two year requirements on the basis of the percentage of full-time specified in their contracts, or on the basis of hours of classroom teaching.

Period of Employment						School or School Authority	Description of teaching experience. Indicate assignment: elementary (grade levels) or secondary (subjects)	# of School Operating Days	Subtotal (indicate FTE in years <b>OR</b> days)	
Commencement Date			End Date						Yrs	Days
Yr	Mo	Day	Yr	Mo	Day					
<b>Total:</b>										

**Other Related Experience\*** (Specify the teaching-related duties performed instead of classroom teaching during the two years of experience on which this request is based, for example, librarian, administrator, etc.):

\_\_\_\_\_

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 your permanent 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.

## Teacher's Checklist Application for Permanent Professional Certification

Complete the form **including the description of your teaching experience** (any backup documentation regarding your teaching should be kept by you, do NOT send it in to AISCA). If you taught part-time, calculate the two year requirements on the basis of the percentage of full-time specified in your contract OR on the basis of hours of classroom teaching. Note that five (5) hours per day for 200 days equals one full year.

If your name has changed since your interim certificate was issued, send acceptable evidence of name change **directly** to the address below by registered mail or deliver in person:

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 [office@aisca.ab.ca](mailto:office@aisca.ab.ca) or by mail to: AISCA-DSA Program, #201, 11830 - 111 Avenue, Edmonton, AB, T5G 0E1  
Upon completion of the evaluation, AISCA will forward the recommendation to the Registrar of the Teacher Certification Branch through TWINS. AISCA will then e-mail the applicant with information about how to pay \$50 fee on-line through TWINS self-service or through alternate forms of payment such as a cheque or money order made payable to Government of Alberta and sent directly to Teacher Certification Branch.

### What's next?

Once the AISCA office has received and processed your application, you will receive a letter from the office outlining the next steps of the process. You should not expect any arrangements for visits or contact from your DSA until January, at the earliest. For those who apply in January or later, your DSA may take some time to contact you, depending on the time of year they receive the assignment. If you have not heard from your DSA by the end of April, please do not hesitate to contact the office.

### Important points to remember:

1. We **cannot guarantee** evaluations for requests received after April 1 of the current school year.
2. Only days taught while holding a **valid interim professional certificate** count towards your permanent certificate.
3. Ensure a recent review performed by your principal has been done and filed in your personnel file at school.