

TEACHER CERTIFICATION BRANCH  
**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**

**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/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. 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.

**Citizenship Status:** (check one)  
 Canadian citizen by birth       Permanent resident  
 Canadian citizen by naturalization       Other: \_\_\_\_\_

**Location of initial teacher preparation program:** \_\_\_\_\_

**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)

Period of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
 (yy/mm/dd) (yy/mm/dd)

**3. RECOMMENDATION: (to be completed by School Principal)**

Principal: (print name) \_\_\_\_\_ Signature: \_\_\_\_\_  
 as recommending officer for (school name) \_\_\_\_\_ :

	<b>Yes/No</b>
<input type="checkbox"/> I verify that the above candidate has submitted to Teacher Certification Branch of Alberta Education, a formal application for teacher certification. (If no, please instruct the candidate to contact the Teacher 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 APPROVAL BY DSA: (to be completed by AISCA DSA officer)**

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](mailto:office@aisca.ab.ca) or by mail #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 temporary 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, Alberta, T5J 5E6. Telephone 780-427-2045 or toll free by dialing 310-0000.

**Teacher's Checklist  
Application for Temporary Letter of Authority**

Check 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.

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](mailto:office@aisca.ab.ca) or by regular mail to:

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 request form for your record**