

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

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. 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: _____

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: _____ 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) _____ :

- | | |
|--|------------------------|
| <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.) | Yes/No
_____ |
| <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: Ray Battochio 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 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 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 ***not*** 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: _____

Received response from Alberta Education on: _____

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