

TEACHER CERTIFICATION BRANCH  
**APPLICATION FOR RE-ISSUANCE OF INTERIM PROFESSIONAL CERTIFICATE**

(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 Act AR 3/99* as amended by AR 213/2003)

**Applicant:** If you hold an expired Alberta Interim Professional Certificate, and wish to have it re-issued, **you must complete this form in full**, and send it to the recommending officer at the AISCA-DSA Program (address noted below). The AISCA-DSA recommending officer will then forward the application to Alberta Education's Teacher Certification Branch.

**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/Prov/Country	Postal Code	Date of Birth (yy/mm/dd)
Home Phone	Work Phone	E-mail	

**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
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**5. RECOMMENDATION BY DSA: (to be completed by AISCA DSA officer with approved signing Authority)**

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: 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](mailto: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 re-issuance of Alberta Teacher certification. 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**  
**Re-Issuance of 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](mailto: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](mailto:office@aisca.ab.ca) or by regular mail to:  
AISCA-DSA Program,  
#201, 11830 - 111 Avenue,  
Edmonton, AB, T5G 0E1

Upon receipt of the application, AISCA will forward the application to the Registrar of the Teacher Certification Branch through TWINS. AISCA will then e-mail the applicant with information about how to pay 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.

AISCA's e-mail will also inform the applicant how to fill out a self-disclosure for the extension of the applicant's Interim Professional Certificate. The self-disclosure form is true declaration of the applicant's certification status, background, and criminal records. The form is to be completed online through the [Teacher Registry Self-Service](#) site.

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**Also** applicants must provide Alberta Education with an **original** current criminal record check including a vulnerable sector check; one that was done within the last six months.

Sent to AISCA on: \_\_\_\_\_

Received response from Alberta Education on: \_\_\_\_\_

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