

APPLICATION CHECKLIST

- Did you complete each page of the application form* and provide your signature at the three (3) designated locations?
- Did you enclose the application fee payable to the Alberta Minister of Finance?
- Did you enclose acceptable evidence (see instructions) of all names used for legal purposes?
- Did you provide acceptable evidence (see instructions) of your immigration/employment status in Canada?
- Did you enclose a photocopy of your birth certificate if your place of birth is Canada?
- Did you request official transcripts to be sent directly from each post-secondary institution attended to this Office **OR** have you arranged for irreplaceable documents to be provided (see instructions)?
- Did you indicate only ONE secondary institution or post-secondary institution as your initial teacher preparation program?
- Did you request a current Statement of Professional Standing from the jurisdiction where you completed your teacher preparation program, and from where you are currently teaching or last taught to be sent directly to the Teacher Development & Certification Branch?

* All information entered on this form becomes part of your permanent record with Alberta Education. Please ensure all application entries are legible and completed in full and that you have signed sections 8, 10 and 12 of the form. Failure to do so may result in your application for teacher certification being returned to you unprocessed.

NOTE: If you require more room in any of the sections of this application, please attach an additional page(s) and ensure that you have dated and signed each page.

TEACHER CERTIFICATION APPLICATION FEE SCHEDULE

(Application Fees are Non-Refundable)

Location of Teacher Preparation Program

Within Canada or the USA.....\$225.00

Outside Canada and the USA.....\$250.00

TEACHER DEVELOPMENT AND CERTIFICATION BRANCH APPLICATION FOR INTERIM PROFESSIONAL CERTIFICATION

(Authorized by the Minister pursuant to the *School Act*, RSA 2000 Chapter S-3)
Sections: 92(1), 93, 276 and the *Certification of Teachers Regulation AR 3/99 as amended by AR 213/2003*

<p>1. Current Full Legal Name: <input type="checkbox"/> <i>Mr</i> <input type="checkbox"/> <i>Mrs</i> <input type="checkbox"/> <i>Miss</i> <input type="checkbox"/> <i>Ms</i> <input type="checkbox"/> <i>Other:</i> _____</p> <p>Current Surname: Surname</p>	<p>4. Mailing Address:</p> <p style="text-align: center;"><i>Street, Box or Apartment</i></p> <hr/> <p style="text-align: center;"><i>City or Town and Province/State</i></p> <hr/> <p style="text-align: center;"><i>Country</i> <i>Postal/Zip Code</i></p> <hr/> <p style="text-align: center;"><i>Home Phone</i> <i>Business Phone</i></p> <hr/> <p style="text-align: center;"><i>E-mail Address</i></p>										
<p>Given Names: <i>Please list First Name and Middle Names in Full</i></p>	<p>5. Immigration/Employment Status: (See instructions regarding required evidence)</p> <p><input type="checkbox"/> Canadian Citizen by Birth</p> <p><input type="checkbox"/> Canadian Citizen by Naturalization</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Work Authorization</p> <p><input type="checkbox"/> Other</p>										
<p>All Other Legal Names: <i>List all other Legal Names (See Instructions regarding evidence)</i></p>											
<p>2. Place of Birth: If born in Canada, please provide copy of birth certificate</p> <p style="text-align: right;">Date of Birth</p> <p><i>City, Country</i> Y Y M M D D</p>											
<p>3. Have you received an evaluation for Teacher Certification by Alberta Education?</p> <p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i></p>											
<p>6. Secondary Education: Original High School, University entrance and/or matriculation records may be required (See Instructions)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of School</td> <td style="width: 40%;">Location of School</td> </tr> <tr> <td style="text-align: center;"><i>School Name</i></td> <td style="text-align: center;"><i>City & Province</i> <i>Country (if outside Canada)</i></td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">Dates of Attendance</td> <td style="width: 30%; text-align: center;">Credential Earned</td> <td style="width: 30%; text-align: center;">Date Credential Earned</td> </tr> <tr> <td style="text-align: center;"><i> M M Y Y to M M Y Y </i></td> <td style="text-align: center;"><i>Credential Name</i></td> <td style="text-align: center;"><i> M M Y Y </i></td> </tr> </table> <p><i>Was this your first teacher preparation program?</i> <i>Language of Instruction:</i></p> <p><input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>Language of Instruction</i></p> <p>Notes: _____</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		Name of School	Location of School	<i>School Name</i>	<i>City & Province</i> <i>Country (if outside Canada)</i>	Dates of Attendance	Credential Earned	Date Credential Earned	<i> M M Y Y to M M Y Y </i>	<i>Credential Name</i>	<i> M M Y Y </i>
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<i>School Name</i>	<i>City & Province</i> <i>Country (if outside Canada)</i>

Dates of Attendance	Credential Earned	Date Credential Earned
<i> M M Y Y to M M Y Y </i>	<i>Credential Name</i>	<i> M M Y Y </i>

Was this your first teacher preparation program? *Language of Instruction:*

Yes *No* *Language of Instruction*

Notes: _____

TEACHER DEVELOPMENT AND CERTIFICATION BRANCH

Post-Secondary Institutions Attended—Official transcripts must be sent directly from each institution attended to the Registrar (See Instructions)

Name of Institution Institution Name	Location of Institution City & Province Country (if outside Canada)	
<p><i>Did you attend Full or Part Time?</i> <i>How were your studies completed?</i> (See Instructions for definitions)</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>Language of Instruction: _____</p> <p><i>Was this your first teacher preparation program?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p style="text-align: right;"><i>How were your studies completed?</i> (See Instructions for definitions) Check only one in each of a) and b).</p> <p>a) <input type="checkbox"/> On-Campus <input type="checkbox"/> Distance Delivery/ Correspondence <input type="checkbox"/> Self-Directed Study</p> <p>b) <input type="checkbox"/> In-Service <input type="checkbox"/> Pre-Service</p>		
Notes: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		
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Dates of Attendance M M Y Y to M M Y Y 	Credential Earned Credential Name	Date Credential Earned M M Y Y

I hereby authorize the Registrar for teacher certification of Alberta Education to contact any of the institutions that I have attended to clarify or obtain any information required for the assessment of my credentials.

Applicant's Name (Print)

Applicant's Signature

Date

TEACHER DEVELOPMENT AND CERTIFICATION BRANCH

Post-Secondary Institutions Attended (Cont...)—Official transcripts must be sent directly from each institution attended to the Registrar (See Instructions)

<p>Name of Institution <i>Institution Name</i></p>	<p>Location of Institution <i>City & Province Country (if outside Canada)</i></p>	
<p><i>Did you attend Full or Part Time?</i> <i>How were your studies completed?</i> (See Instructions for definitions)</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>Language of Instruction: _____</p> <p><i>Was this your first teacher preparation program?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><i>How were your studies completed?</i> (See Instructions for definitions) Check only one in each of a) and b).</p> <p>a) <input type="checkbox"/> On-Campus <input type="checkbox"/> Distance Delivery/Correspondence <input type="checkbox"/> Self-Directed Study</p> <p>b) <input type="checkbox"/> In-Service <input type="checkbox"/> Pre-Service</p>		
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<p>Dates of Attendance</p> <p><i>M M Y Y to M M Y Y </i></p>	<p>Credential Earned</p> <p><i>Credential Name</i></p>	<p>Date Credential Earned</p> <p><i> M M Y Y </i></p>

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8. Supervised Student Teaching

Did your teacher preparation include a formal period(s) of supervised student teaching?

Yes No

If yes, indicate: # of weeks: _____ Hours per week providing instruction in the classroom or school setting: _____

Grade Level range in which Supervised student teaching was completed (Check all that apply):

Kindergarten Grades 1-6 Grades 7-9 Grades 10-12

TEACHER DEVELOPMENT AND CERTIFICATION BRANCH

9a. Teacher Certification - Evidence of valid certification must be sent directly from the jurisdiction in which your teacher preparation program was completed (see instructions):
List all teaching credentials held including temporary or restricted certificates (from initial to most recent):

Jurisdiction	Type of teaching credential, certificate or license		
Province/State	Country	Name of credential, certificate or license	
Date Issued		Years taught	
M M Y Y	_____		

Jurisdiction	Type of teaching credential, certificate or license		
Province/State	Country	Name of credential, certificate or license	
Date Issued		Years taught	
M M Y Y	_____		

Jurisdiction	Type of teaching credential, certificate or license		
Province/State	Country	Name of credential, certificate or license	
Date Issued		Years taught	
M M Y Y	_____		

9b. If you have not obtained a teaching credential from the jurisdiction where you completed your first teacher preparation program, explain:

9c. Teaching Experience - Evidence of valid certification must be sent directly from the jurisdiction where the teacher last taught (see instructions):

Check here if you have NOT taught, :

City/Country Employed	Dates of Employment
City Province/State Country	M M Y Y to M M Y Y

City/Country Employed	Dates of Employment
City Province/State Country	M M Y Y to M M Y Y

City/Country Employed	Dates of Employment
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TEACHER DEVELOPMENT AND CERTIFICATION BRANCH

10. Self -Declaration:

I declare that I have read and understood the descriptors of knowledge, skills and attributes (KSAs) related to interim professional certification as outlined in the *Teaching Quality Standard Ministerial Order 016/97* and I hereby attest to my ability and commitment to apply them appropriately toward student learning. I 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*.

Applicant's Signature

Date

11. Self -Disclosure:

All questions must be answered. A false declaration or omission may be grounds for the denial, suspension or cancellation of a teaching certificate. Despite your response to any of the questions below, on a random basis you may be required to provide to this office a criminal record check.

A. Has your credential, certificate, permit or license to teach, whether in Canada or in another country, ever been *denied, suspended or cancelled*? YES NO

If yes, Place: _____
Date: _____
Details: _____

B. Is your certification to teach currently under investigation in another jurisdiction? YES NO

If yes, Place: _____
Date: _____
Details: _____

C. Have you ever voluntarily or involuntarily surrendered your credential, certificate, permit or license to teach in another jurisdiction? YES NO

If yes, Place: _____
Date: _____
Details: _____

D. Are you currently under investigation or charged with any offence under any statute*, whether in Canada or in another country? YES NO

*In Canada, any statute includes, but is not limited to the Criminal Code and the Controlled Drugs and Substances Act.

If yes, Place: _____
Date: _____
Details: _____

TEACHER DEVELOPMENT AND CERTIFICATION BRANCH

11. Self-Disclosure Continued:

E. Have you ever been convicted or been pardoned under the *Criminal Records Act* of a criminal offence under any statute* whether in Canada or in another country? YES NO

*In Canada, any statute includes, but is not limited to the Criminal Code and the Controlled Drugs and Substances Act.

If you have more than one offence, include on a separate sheet (See Instructions)

If yes, Offence(s)**: _____

Date: _____

Details: _____

If pardoned, please provide date: _____

**For each offense listed, please provide all official notice(s) of conviction directly from the Clerk(s) of the Court where the conviction(s) took place.

F. Have you ever been given a conditional discharge in respect to a criminal offence in Canada or in another country? YES NO

If YES, please provide documentation that provides evidence of the date of discharge and confirms whether the conditions of the discharge have been met.

Date of Discharge: _____

NOTE: The presence of a record of charges or convictions does not necessarily exclude you from certification. Each case will be reviewed to determine its relevance to the requirements of the teaching profession on an individual basis and in accordance with the *Certification of Teachers Regulation*.

12. Undertaking

I understand that depending on the nature of my offence(s), I may be required to provide an official criminal record search document by fingerprint comparison. I understand that I am responsible for all costs involved in providing such documentation to the Teacher Development & Certification Branch of Alberta Education. I hereby undertake to provide, upon request, official police records when and as required.

Authorization

I hereby grant to the Registrar for teacher certification of Alberta Education, full authority to conduct, at his discretion, a criminal record check or background check or inquiry from any police authority or other authority, organization or institution with regard to any criminal conviction or charge or any of the other matters referred to in Section 11.

I further authorize and consent to the release of such details of convictions and outstanding charges by any law enforcement agency or authority to the Registrar for teacher certification of Alberta Education.

I also consent to the release of confirmation of relevant convictions and outstanding charges to school authorities requesting such information.

DECLARATION

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