TEACHER DEVELOPMENT AND CERTIFICATION
RECOMMENDATION/APPLICATION FOR RE-ISSUANCE OF
INTERIM PROFESSIONAL CERTIFICATE

(Authorized by the Minister pursuant to the *School Act*, RSA 2002 Chapter S-3,
Sections: 92(1), 93, and 276, and the *Certification of Teachers Regulation AR 3/99 as amended by AR 213/2003*)

(Please Print)

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 return to the recommending officer of your prospective employer (Alberta school jurisdiction/authority) along with the required fee.

1. Alberta Certificate Number:

3. Date of Birth: _____ _____ _____
Year **Month** **Day**

2. Current Full Legal Name:

(Surname) **(Mr./Mrs./Miss/Ms.)**

(First Name and Middle Name(s) In Full)

List all other Legal Names: Acceptable evidence is (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. Original documents will be returned by registered mail.

4. Mailing Address:

(Street, Box Number or Apartment)

(City or Town and Province/State)

(Country) **(Postal/Zip Code)**

Telephone (Home) **Telephone (Work/School)**

5. Immigration/Citizenship Status:
If your immigration status has changed since last certification with this Office, please provide proof in the form of the original***** document either in person or 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 this office.**

DID YOU TEACH OUTSIDE OF ALBERTA PRIOR TO YOUR CURRENT OFFER OF EMPLOYMENT IN ALBERTA? _____NO _____YES

IF YES, indicate the last province, state or country: _____ _____
Dates of Employment

_____ _____
Dates of Employment

NOTE: If you taught outside Alberta, please arrange to have a current Statement of Professional Standing sent directly to this Office from the provincial, state, or national Department or Ministry of Education or College of Teachers responsible for certification.

Confidential Disclosure: This form must be accompanied by a completed *Teacher Certification Confidential Disclosure and Criminal Record Check Authorization* form.

Have you ever been denied or had suspended or cancelled any certificate, permit, or authority to teach in Canada or in another country? ❒ No ❒ Yes

Have you ever been convicted or given a conditional discharge or been pardoned of a criminal offence in Canada or in another country? ❒ No ❒ Yes

If you have answered yes to either of the above you may be required to provide The Registrar with an official criminal record search document by fingerprint comparison at your own cost.

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*.

_____ _____
Date of Application **Applicant's Signature**

ALBERTA SCHOOL JURISDICTION/AUTHORITY RECOMMENDATION:

The above-named applicant, _____ **, will be employed by** _____
(Name of Teacher) (School Jurisdiction/Authority Name)

for the _____ **school year.**

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 and Title of Recommending Officer: _____ **,**
(Please Print)

Signature of Officer: _____ **Date:** _____
(Signature)

Please confirm and initial that the applicant has provided the required fee which is enclosed with this form.

Initial ☐

Mail to: Teacher Development and Certification Branch, Alberta Learning,
44 Capital Boulevard, 10044 – 108 Street, Edmonton, Alberta T5J 5 E6

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 32(c) of the Freedom of Information and Protection of Privacy* Act (FOIPP 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 *FOIPP Act*. Questions regarding the collection may be directed to the Director, Teacher Development and Certification Branch, Alberta Learning, 44 Capital Boulevard, 10044 – 108 Street, Edmonton, Alberta T5J 5E6. Telephone: (780) 427-2045 (Dial 310-0000 to be connected toll-free from outside the Edmonton area) 05/05