

TEACHER CERTIFICATION BRANCH

**APPLICATION FOR PERMANENT PROFESSIONAL CERTIFICATION 2024-2025**

(Authorized by the Minister pursuant to the Education Act, the Certification of Teachers and Teacher Leaders Regulation Alberta Regulation 123/2022)

APPLICANT: If in the course of this school year, you will be completing the equivalent of two full school years of teaching, **while holding a valid interim professional certificate**, you must apply for an evaluation for permanent certification.

**1. APPLICANT'S PERSONAL INFORMATION:**

Current Full Legal Name:			FILE/CERTIFICATE NO.
Title	Surname	First/Middle Names	From Alberta Education

List all other (previous) legal names:

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: [Alberta Education](#) or by calling 780-427-2045 or toll free by dialing 310-0000.

Provide acceptable evidence of name changes. Photocopies of government issued birth certificate, marriage certificate, or legal name change certificate. **Do not send original birth or marriage certificates to AISCA.** Send copies to Alberta Education, Teacher Certification Branch. These documents can be uploaded to Alberta Education by logging into your TWINS Teacher Self Service account at: [TWINS Teacher Self-Service](#)

Date of Birth (yy/mm/dd)	Personal Phone	Work Phone	Personal E-mail
Work E-mail			

**Citizenship Status: (check one)**

- Canadian citizen by birth
  Permanent resident  
 Canadian citizen by naturalization (granted)
  Other:

**2. Employment Information for Full-Time, Part-Time Employment:**

**Period of Employment:**

Start Date (Year/Month)	End Date (Year/Month)	Authority/Jurisdiction Name of Employment	FTE Years
Country if from International School		Description of Teaching Experience. Indicate Assignment: Elementary (grade levels) or secondary (subjects)	
Start Date (Year/Month)	End Date (Year/Month)	Authority/Jurisdiction Name of Employment	FTE Years
Country if from International School		Description of Teaching Experience. Indicate Assignment: Elementary (grade levels) or secondary (subjects)	

**3. Employment Information for Substitution Employment**

**Period of Employment:**

Start Date (Year/Month)	End Date (Year/Month)	Authority/Jurisdiction Name of Employment	Days Worked

Country if from International School		Description of Teaching Experience. Indicate Assignment Elementary (grade levels) or secondary (subjects)	
Start Date (Year/Month)	End Date (Year/Month)	Authority/Jurisdiction Name of Employment	Days Worked
Country if from International School		Description of Teaching Experience. Indicate Assignment Elementary (grade levels) or secondary (subjects)	

Please provide Letters of Employment for all current and former employers with your application to AISCA- DSA Program by email [office@aisca.ab.ca](mailto:office@aisca.ab.ca) or by fax (780)469-9880 or by mail to AISCA-DSA Program, 200, 10458 Mayfield Road NW, Edmonton, AB T5P 4P4

**4. Which Independent school has contracted you to teach current/next school year?**

Name of School:	Start Date (Year/Month)	End Date (Year/Month)
City or Town where School is located where you are teaching:		Area of Teaching: (in class, virtual, Home Ed. Facilitator, etc.)
Name of Principal:	Principal Email Address:	

**5. Self-Declaration:**

I declare that I have read and understood the competencies related to Interim Professional Certification as outlined in the Teaching Quality Standard and I hereby attest to possessing such competencies 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 competencies and indicators identified in the Teaching Quality Standard. 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 Teacher and Teacher Leaders Regulation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

The personal information collected as part of this application process for teacher certification is collected pursuant to the provisions of the Certification of Teacher and Teacher Leaders 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 extension of your interim professional certificate. 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.

<b>For Office Use Only</b>	
Date Received:	Date Reviewed
Reviewed by:	Good for submission:
Submitted to TWINS on:	Applicant Notified:
<b>I confirm that this teacher continues to meet the requirements for the Alberta Interim Professional Certificate as prescribed by the Teaching Quality Standard and recommend the extension of such certificate.</b>	
Recommending Officer: Ray Battochio- AISCA DSA Officer	Signature: Ray Battochio
Date of recommendation:	