



Application for Accreditation

SURNAME _____

FIRST AND MIDDLE NAMES _____

practising practising practising
 not practising not practising not practising
 Subject Name _____ Subject Name _____ Subject Name _____
 Course Code _____ Course Code _____ Course Code _____

(Note - Submit a separate form for Biology, Chemistry, or Physics.)

A. SASKATCHEWAN PROFESSIONAL A TEACHING CERTIFICATE NUMBER _____

B. ACADEMIC REQUIREMENT (Transcripts or copies included) (check)

The 24-credit-hour requirement has been met in the following manner:

University	Course Name & Number	# of credit hrs
12 credit hours of academic courses (not Education) in the subject in which accreditation is sought:		
9 credit hours of academic courses (not Education) in the subject OR in related courses (see the policy for designated related courses for each subject):		
3 credit hours in a professional (Education) secondary level methods course (curriculum and instruction) in the subject:		
TOTAL		24

C. SUCCESSFUL TEACHING EXPERIENCE - The teaching requirement (two full years or equivalent) has been met in the following manner: (include name of school, school division, and years)

D. ACCREDITATION SEMINAR (Certificate or copy included) (check)

Subject area _____ Date attended _____

Signature of Teacher _____

Date _____

Note: Teachers must ensure this form and supporting documentation are in the office of the Regional Director before September 30 of the school year, or before September 30 or February 28 of the semester in which accreditation is required.

Continued from page 1

Approval of Accreditation

This section is to be completed by the principal and Director of Education.

The principal of the school and I have examined the required credentials for this formal application for accreditation and find them in order. The application has the approval of the principal, whose signature appears below, and my signature certifies my approval and that of the Board of Education.

Principal's Name _____
(please print in block letters)

Principal/Designate's Signature _____ Date _____

School Name _____ School Number

--	--	--	--	--	--	--	--

Director's Name _____
(please print in block letters)

Director/Designate's Signature _____ Date _____

School Division Name _____ Number _____
(in full)

Submit one copy of this form and one copy of the documentation to the Regional Director of Education before September 30 of the school year, or before September 30 or February 28 of the semester in which accreditation is required.

Three copies will be returned to your office. Keep one copy for your file. Forward one copy to the principal, and send one copy to the teacher as an acknowledgement that the teacher is or is not accredited in the specified Grade 12/Level 30 subject(s).

For use by the Regional Director of Education only

_____ Approved _____ Denied

Regional Director's Signature _____ Region Number _____ Date _____

One copy of the form and documentation is to be kept on file in the Regional Office; three copies of the form are to be returned to the Director of Education; and one copy of the form and documentation is to be forwarded to The Registrar, Provincial Examinations, Saskatchewan Learning.