

Application for Accreditation

(Short Form)*

Ministry of Education
Student and Educator Services
1st Floor, 2220 College Avenue
REGINA SK S4P 4V9
Phone: 306-787-6012
Fax: 306-787-0035
Email: student.records@gov.sk.ca

Name (Director, Program Supervisor or designate):	
Last Name	First Name

School Division/Tribal Council	Day	Month	Year

COURSE:

- Biology English Language Arts Physics
 Chemistry Mathematics

Name of Applicant:		
Last Name	First Name	Middle Name(s)

Email

Saskatchewan Teaching Certificate Number	

School Name	School Number
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This applicant was previously employed by _____ School Division/Tribal Council where he/she was initially accredited in ____ (year).

Approval of Accreditation

This section is to be completed by the Principal and Director of Education/Program Supervisor.

The principal of the school and I have examined the required credentials 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/Tribal Council.

Principal's Signature _____

Day	Month	Year

E-mail _____

Director/Prgm Supervisor/Designate Signature _____

Day	Month	Year

E-mail _____

For use by the Accreditation Officer, Office of the Registrar only.

	DD/MON/YEAR	DD/MON/YEAR	
<input type="checkbox"/>	Approved	Start Date: _____ End Date: _____	Entered <input type="checkbox"/>
		Renewal eligibility after fourth year: _____	
<input type="checkbox"/>	Denied		Emailed <input type="checkbox"/>
	<input type="checkbox"/>	Signature required for completion _____	
	<input type="checkbox"/>	Require proof of attendance at Accreditation Seminar	
	<input type="checkbox"/>	Other: _____	
	Accreditation Officer's Signature _____	Date _____ DD/MON/YEAR	

One copy of the form and documentation is to be kept on file at Student and Educator Services.

***Note:** This form may be used by teachers applying for accreditation approval in one school division/FN School/QIS after having been accredited previously in another school division/FN School/QIS. Teachers must ensure that this form is received by Student and Educator Services **before October 21 or March 21 of the semester/year in which accreditation is required.** Notification of approval/non-approval will be e-mailed to the e-mail address provided for the Director of Education/Program Supervisor, and copied to the Principal and teacher.