

Application for Renewal of Accreditation

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				

The requirement for renewal of accreditation has been met in the following manner: (check one and provide details)

- Attendance at the STF Accreditation Renewal Seminar in the subject area. **(Attach copy of certificate.)**

Location _____ Date Completed

D	D	M	M	Y	Y	Y	Y
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Note: The following professional development activities may be substituted for the renewal seminar. Such substitution will be at the discretion of the Director of Education/Program Supervisor. **(Attach transcript or letter/certificate of verification.)**

- Successful completion of a full-credit university course (minimum of 3 hours) in the subject area.
- Equivalent service* on a provincial or division curriculum committee in the subject area or a committee in the area of student evaluation, curriculum evaluation, or school-based program evaluation.
- Equivalent service* as a pilot teacher for a new curriculum in the subject area.
- Equivalent service* in the development of departmental examinations as a setter, validator, or sub-examiner in the subject area.
- Equivalent service* in any one or combination of the following:
- active involvement in the professional development activities of a Special Subject Council
 - non-credit courses or conferences on student evaluation or program evaluation **related to the subject area**
 - development and implementation of a personal professional development plan which might include reading, professional writing, research, or presentations **in the subject area.**

* "Equivalent service" is to be determined in terms of activities which would meet the objectives of the STF Accreditation Renewal Seminar. Refer to www.saskatchewan.ca

Signature of Teacher _____ Date

D	D	M	M	Y	Y	Y	Y
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Application for Renewal of Accreditation

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

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 for this application for renewal of 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/Tribal Council.

School Name:	School Number:
Principal/Designate's Name:	Email:

Day		Month		Year	

Signature

School Division:	School Division Number:
Director/Program Supervisor/Designate's Name:	Email:

Day		Month		Year	

Signature

Note: Teachers must ensure that this application form and the supporting documents are received by Student and Educator Services **before October 21 or March 21 of the semester/year in which renewal 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.

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

DD/MON/YEAR DD/MON/YEAR

Approved Start Date: _____ End Date: _____ **Entered**

Renewal eligibility after fourth year: _____

Denied

Signature required for completion _____

Require proof of attendance at Accreditation Seminar

Other: _____

Accreditation Officer's Signature _____ Date DD/MON/YEAR

Emailed

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