

Application for Transfer of Accreditation

(Short Form)*

For use by the Education Organization (includes School Division/Conseil des écoles francsaskoises/Saskatchewan Distance Learning Corporation, First Nations, Independent schools and Post-secondary institutions).

Name (Director, Program Supervisor or designate):											
Last Name						First Name					
Education Organization						Day	Month		Year		

SUBJECT: Submit a separate form for each subject area including a separate form for Biology, Chemistry, or Physics

- | | | |
|---|---|---|
| <input type="checkbox"/> Biology/Biologie | <input type="checkbox"/> English Language Arts | <input type="checkbox"/> Physics/Physique |
| <input type="checkbox"/> Chemistry/Chimie | <input type="checkbox"/> Mathematics/ Mathématiques | |

Name of Applicant:		
Last Name	First Name	Middle Name(s)
Email		
Saskatchewan Teaching Certificate Number		
School Name	7-digit Ministry School Number	

This applicant was previously employed by:	Applicant was initially accredited in:
Education Organization:	Year
This applicant remains employed by their previous employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Approval of Transfer of Accreditation:	
This section is to be completed by the Principal and Director of Education/Designate.	
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.	
Principal	Signature (electronic signature acceptable) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>
E-mail	
Director/Designate	Signature (electronic signature acceptable) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>
E-mail	

Day	Mon	Year	

Day	Mon	Year	

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

☐ **Approved**

Start Date: _____
DD/MON/YEAR

End Date: _____
DD/MON/YEAR

Entered

Renewal eligibility after fourth year: _____
DD/MON/YEAR

☐

☐ **Denied**

☐ Signature required for completion _____

☐ Require proof of attendance at Accreditation Seminar

☐ Other: _____

Emailed

☐

Accreditation Officer's Signature _____

Date _____

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

DD/MON/YEAR

***Note:** This form is to be used by teachers who want their active five year accreditation to transfer to their new employer. Teachers must ensure this form is received by Student and Educator Services **before the last business day in October or March 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/Designate and copied to the principal and teacher.

Submit form to Registrar's Office, Ministry of Education: Email to student.records@gov.sk.ca