

FOR OFFICE USE ONLY

Personal Identification N°

Application N°



TEACHER QUALIFICATIONS SERVICE (TQS)

APPLICATION FORM

Refer to Application Guide Book

A. PERSONAL INFORMATION

Last Name

Female Male

First and Middle Name(s)

Language PreferenceEnglish French

Former Names

Country of Birth

Date of Birth

Y

M

D

B. CONTACT INFORMATION

Mailing Address

City/Town _____ Province/State _____

Country _____ Postal/Zip Code _____

Contact Phone Numbers

Home () _____

School () _____

Cell () _____

E-mail _____

C. ALBERTA TEACHING AUTHORITY

Type _____ N° _____

Expiry Date

Y

M

D

D. EMPLOYING ALBERTA SCHOOL BOARD

Name _____

Jurisdiction N° _____

Address _____

E. LAST TQS APPLICATION

Date of Last Application

Y

M

D

F. APPLICATION FEE**SEE APPLICATION GUIDE BOOK FOR FEE SCHEDULE**First Evaluation Re-evaluation Duplicate Statement Payment enclosed Yes No **FOR OFFICE USE ONLY**

Teaching Authority _____

Expiry Date

Y

M

D

Application Complete

Y

M

D

Evaluation Completed

Y

M

D

Release _____

Authorization _____

Refund

Fees Received

G. EDUCATION INFORMATION

INSTITUTION(S) ATTENDED (Name and Location)	DATES ATTENDED				COMPLETED DEGREES/DIPLOMAS (eg, BEd, DipEd, MA)	DATE AWARDED	
	FROM		TO			Y	M
	Y	M	Y	M		Y	M

H. DECLARATION

I hereby declare that the information given is accurate and complete. I hereby authorize the Alberta Teachers' Association to collect further information on my behalf as necessary from third parties for the purpose of processing the application.

Signature _____ Date

Y	M	D
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I. VERIFICATION AGREEMENT

I hereby agree to review and verify the statement of qualifications I receive from TQS for any errors and/or omissions and to notify TQS in writing, within 90 days of the date of the statement of qualifications, of the alleged errors and/or omissions. I acknowledge that at the end of the said 90 days, I will be deemed to have waived my right to object to any alleged errors and/or omissions in the statement of qualifications, howsoever caused, and the statement of qualifications shall be regarded as final.

Signature _____ Date

Y	M	D
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J. REVIEW

- Have you*
- Completed all mandatory sections of the application?
 - Included payment according to the fee schedule?
 - Signed both the Declaration and Verification Agreements?
 - Included evidence of teaching authority?
 - Arranged for transcripts to be sent to the ATA?

Reasons why a section of this application could not be completed:

Alberta's *Personal Information Protection Act* (PIPA) governs the Association's collection, use and disclosure of personal information. The information gathered here will be used to administer the Teacher Qualifications Service application process and the Association's obligations under the *Teaching Profession Act*. The Association will not disclose the information collected here except as permitted or required by law. The Association will not sell, lease, or barter the personal information here collected. For more information regarding the Association's privacy policy, please visit www.teachers.ab.ca/Privacy+Policy or contact the Association's Privacy Officer at (780) 447-9429 or 1-800-232-7208.

MAIL COMPLETED APPLICATION FORM TO
 Teacher Qualifications Service
 The Alberta Teachers' Association
 Barnett House, 11010 142 Street NW
 Edmonton, AB T5N 2R1
 Phone: (780) 447-9400 Edmonton calling area
 1-800-232-7208 elsewhere in Alberta
 Fax: (780) 455-6481
 Email: tqs@teachers.ab.ca