



# PRINCIPAL'S QUALIFICATION PROGRAM

## Application Form

The Office of Professional Learning, Faculty of Education  
3150 Victor Phillip Dahdaleh Bldg., 4700 Keele Street, Toronto, ON M3J 1P3  
Tel: (416) 736-5003/ Fax: (416) 736-5023  
Email: [raiseyouraq@edu.yorku.ca](mailto:raiseyouraq@edu.yorku.ca)  
Website: [www.raiseyouraq.ca](http://www.raiseyouraq.ca)

Submit via fax or mail;  
Original not required.  
Do not email.

### PERSONAL INFORMATION (please print)

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER (from your Certificate of Qualification)

DATE OF BIRTH (OCT requirement): (MM/DD/YYYY)   /   /

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT/UNIT: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ May we use this email address to correspond with you about upcoming programs and courses?  Yes  No

SCHOOL BOARD: \_\_\_\_\_ TEACHER PANEL:  Elementary  Secondary

### PROGRAM INFORMATION (please print)

PROGRAM CODE: (please double check the program code) \_\_\_\_\_

NAME OF POST SECONDARY INSTITUTIONS SENDING OFFICIAL TRANSCRIPTS (if applicable):  
1. \_\_\_\_\_  
2. \_\_\_\_\_

SURNAME APPEARING ON YOUR TRANSCRIPT: \_\_\_\_\_ If you are a York University graduate, please indicate your York Student ID #: \_\_\_\_\_

### PQP PART 1 - ELIGIBILITY (please refer to eligibility and document requirements on our website ([www.raiseyouraq.ca/pqpeligreq.html](http://www.raiseyouraq.ca/pqpeligreq.html)))

I am certified in the following Divisions:  Primary  Intermediate  Junior  Senior

I hold an Undergraduate Degree:  Yes  No

I have taught successfully for five full years:  Yes  No

I hold \_\_\_ Specialist Level and/or Honour Specialist Additional Qualification(s)

I hold a Master's Degree:  Yes  No

I hold one-half of a Master's Degree:  Yes  No

I hold a combined Honour Specialist AQ:  Yes  No

I completed 30 graduate postsecondary credits:  Yes  No

### PQP PART 2 - ELIGIBILITY (please refer to eligibility and document requirements on our website ([www.raiseyouraq.ca/pqpeligreq.html](http://www.raiseyouraq.ca/pqpeligreq.html)))

I have completed Part 1 of the Principal's Qualification Program through:  
 York University: \_\_\_\_\_ (session and year)  Other Institution: \_\_\_\_\_ (session and year)

### PAYMENT INFORMATION

**METHOD OF PAYMENT**  
 Visa  MasterCard  Money order (payable to "York University")  Certified cheque (payable to "York University")

**CREDIT CARD INFORMATION**  
CARDHOLDER'S NAME (print clearly): \_\_\_\_\_ CARDHOLDER'S SIGNATURE: \_\_\_\_\_

CREDIT CARD NUMBER (please check carefully):

CREDIT CARD EXPIRY DATE:(MM/YY)   /   I am a graduate of York University. (If yes, deduct \$50 from payment amount):  Yes  No

I have successfully completed York's PQP Headstart Program (If yes, deduct \$50 from payment amount):  Yes  No DATE OF PQP HEADSTART PROGRAM TAKEN: (MM/DD/YYYY)   /   /

PAYABLE AMOUNT: \_\_\_\_\_

**YOUR SIGNATURE CERTIFIES THE FOLLOWING:** I have read and agree to abide by the policies published on the RFD website: <http://www.raiseyouraq.ca>. All the information provided in this application is true and correct. I am a member in good standing with the Ontario College of Teachers. I understand that payment will automatically be adjusted, if necessary, in accordance with Research and Field Development policy.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

TOTAL PAYMENT : \_\_\_\_\_ DATE ENROLLED: \_\_\_\_\_

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