

Request for a new notice of conditional eligibility

Ministère file number :

A- Identity of candidate

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last name (at birth)	First name		
Date of birth (yyyy-mm-dd)	Permanent code	Status <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Work permit <input type="checkbox"/> Other _____	Social insurance number	
Address				Apartment
City		Province	Postal code	
Telephone (home)		Other numbers (Cell, Work)	E-mail address	

B- Reason for the request

Further to my request for a teaching licence, I declare that I received a Notice of Conditional Eligibility valid until : _____, and I further declare :

- that I have not passed the written French or English ministerial examination
 that I have not met the conditions with respect to permanent resident status or the right to work in Canada

The personal information collected by the Ministère is essential to the exercise of its functions, as provided for under the *Regulation respecting teaching licences*. This information may also be used for research or statistical purposes. It is treated confidentially and is accessible only to authorized staff who need it to carry out their duties. You have the right to request access to your personal information held by the Ministère and to request that it be corrected. To exercise this right, please contact the person responsible for access to documents and the protection of personal information.

I hereby request a new notice of conditional eligibility, valid for two years.

Signature _____

Date _____

C- Reserved for Ministère

DÉCISION	<input type="checkbox"/> Nouvel avis d'admissibilité <input type="checkbox"/> Refus signifié à la candidate ou au candidat qui ne répond pas aux exigences du <i>Règlement sur les autorisations d'enseigner</i> en vigueur		
	Commentaires : _____		
Signature de la personne autorisée _____		Date _____	Date du dernier document reçu _____
N° du document	Initiales	Date d'émission	

Mail this form, duly completed, to :
 Direction de la formation et de la titularisation du personnel scolaire
 Ministère de l'Éducation et de l'Enseignement supérieur
 1035, rue De La Chevrotière, 28^e étage
 Québec (Québec) G1R 5A5