

Professional Regulation Commission

APPLICATION FORM

Application No.
-

REFERENCE NO: EX1GZGMXGM4F
OR: - | AMOUNT: PHP -

NOT FOR SALE (REPRODUCTION IS ALLOWED)

☐ First Timer
☒ Repeater
☐ Conditioned
☐ Absent


12/17/2019

Date(mm/dd/yy)

Name of Examination
PROFESSIONAL TEACHER
Elementary

Date of Examination
March 29, 2020

Place of Examination
Cebu



NOTICE: All supporting documents shall become part of the records of the Commission. All applications must be filed PERSONALLY by the applicant.

PART I-PERSONAL INFORMATION

SUR NAME TABIGUE	GIVEN NAME/S HANNA LOUISE	MIDDLE NAME DEGAMO
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Maiden Surname (for married female only)

Permanent Mailing Address (House no., Street, Village/Subd., Brgy., Town, Prov./City)
PUROK UNO,TUBORAN,BIEN UNIDO TALIBON, BOHOL

Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Citizenship <input checked="" type="radio"/> Filipino <input type="radio"/> Others_____	Contact numbers (Landline & Mobile) 09229006923	E-mail Address hannalouisetabigue242@gmail.com
Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er	Date of Birth(mm/dd/yy) 01/19/1992	Place of Birth (City/Town,Prov) LAPU-LAPU CITY, CEBU	RURBAN Code(Town/City,Prov) 072226
Spouse's name & Citizenship	Father's Name & Citizenship EDGARDO TABIGUE / FILIPINO	Mother's Name & Citizenship DIONESIA TABIGUE / FILIPINO	

HAVE YOU EVER BEEN CHARGED AND CONVICTED BY FINAL JUDGEMENT BY ANY COURT OF JUSTICE/MILITARY TRIBUNAL OR ADMINISTRATIVE BODY? ☒ No ☐ Yes (If yes, attach hereto a copy of the decision)

PART II – EDUCATIONAL INFORMATION

Name of School BOHOL INSTITUTE OF TECHNOLOGY-TALIBON	Address/Location of School TALIBON, BOHOL	PRC School code 1171
Degree/Course Obtained BACHELOR OF ELEMENTARY EDUCATION	PRC COURSE Code 2013	Date Graduated (mm/dd/yy) 03/23/2013
Other Higher Educational Attainment	Name of School	Address/Location of School
		Date Graduated (mm/dd/yy)
		PRC SCHOOL CODE

PART III – PREVIOUS PRC LICENSURE EXAMINATION/S TAKEN (Last Three Exams)

Name of Examination	Place of Examination	Date Taken (mm/yy)	Rating	Result of Examination (pls check)			Exam No.	Verified by
				Passed	Failed	Cond.		
PROFESSIONAL TEACHER	-	08/2014	48.20		<input checked="" type="checkbox"/>			

Review School/Center: ☐ Self-Review ☐ School-Based Review ☐ Others (specify name) _____

STATUS CODES (refer at the back) 1.) Examination Type (EXcode) 2.) Number of Times Taken 1

I HEREBY CERTIFY that the information and/or statements in this application including the supporting documents submitted in support thereof are all true and correct to my own knowledge, and that I am fully aware that any false information or statement in this application or in its attachments shall render me liable for criminal prosecution and/or administrative sanction.

RIGHT THUMBMARK

Signature of Applicant

Date Accomplished

Subscribed and sworn to before me this _____ day of _____ 20____ at _____. Affiant applicant exhibited to me his / her Community Tax Certificate No. EC3835881 issued at CEBU on 03/31/2015.

DOCUMENTARY STAMP

PRC ADMINISTERING OFFICER

Administration of Oath Is Free (Office Order No. 2009-377 & 2009-379 both dated September 3, 2009)

ACTION TAKEN BY THE APPLICATION PROCESSOR

ISSUANCE of the FOLOWING FORMS

☐ NOTICE OF ADMISSION (NOA) ☐ PERMANENT EXAMINATION & REGISTRATION RECORD CARD (PERRC)

REMARKS _____

PROCESSOR _____ Date _____

ACTION TAKEN BY LEGAL OFFICER (if applicable)

REMARKS _____

LEGAL OFFICER _____ Date _____

ACTION TAKEN BY THE BOARD

☐ APPROVED ☐ DISAPPROVED ☐ CONDITIONAL

REMARKS _____

CHAIRMAN/ MEMBER _____ Date _____

ACTION TAKEN BY THE CASHIER

AMOUNT PAID _____ - OFFICIAL RECEIPT NO. _____ -

CASHIER PRC - CASHIER _____ Date _____ -

ACTION TAKEN BY THE ISSUING OFFICER

REMARKS _____

ISSUING OFFICER _____ Date _____

IMPORTANT: FAILURE TO SUBMIT THIS APPLICATION FORM WITH THE REQUIRED DOCUMENTS SHALL MEAN NON-INCLUSION IN THE LIST OF EXAMINEES IN THE ROOM ASSIGNMENT AND FORFEITURE OF EXAMINATION FEES

APP-01
Rev. 00
February 25, 2015
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