

Professional Regulation Commission

APPLICATION FORM

Application No.
541186

REFERENCE NO: EXDOHFY86OLQ
OR: E2023-06-05392072 | AMOUNT: PHP 900.00

NOT FOR SALE (REPRODUCTION IS ALLOWED)

☒ First Timer
☐ Repeater
☐ Conditioned
☐ Absent

Name of Examination

Date of Examination


Place of Examination

PROFESSIONAL TEACHER
Secondary(Science)

SEPTEMBER 24, 2023

Tacloban

Date(mm/dd/yy)



06/29/2023

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 NUÑEZ	GIVEN NAME/S ELLA MARIE	MIDDLE NAME GULAY
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Maiden Surname (for married female only)

Permanent Mailing Address (House no., Street, Village/Subd., Brgy., Town, Prov./City)
PUROK 1 SITIO NIGAD PLARIDEL BAYBAY, LEYTE

Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Citizenship <input checked="" type="radio"/> Filipino <input type="radio"/> Others	Contact numbers (Landline & Mobile) 09515004663	E-mail Address ellamariegulaynunez@gmail.com
Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er	Date of Birth(mm/dd/yy) 03/26/2000	Place of Birth (City/Town,Prov) BAYBAY, LEYTE	RURBAN Code(Town/City,Prov) 083708
Spouse's name & Citizenship		Father's Name & Citizenship PATERNO B. NUÑEZ JR. / FILIPINO	Mother's Name & Citizenship REGINA ISABEL G. NUÑEZ / 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 VISAYAS STATE UNIVERSITY (for.VISCA,LSU.)-BAYBAY	Address/Location of School BAYBAY, LEYTE	PRC School code 0963
Degree/Course Obtained BACHELOR OF SECONDARY EDUCATION	PRC COURSE Code 2017	Date Graduated (mm/dd/yy) 08/12/2022
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		09/2023	91.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input 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. 621-794-581-00000 issued at ORMOC, LEYTE on 02/16/2023.

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 900.00 OFFICIAL RECEIPT NOE2023-06-05392072

CASHIER Paymaya - Gcash Payment Date 06/29/2023

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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