

Application to Join the Association Professional Development Corps

Please check the Corps to which you are submitting your application from the choices below.

**Association Instructor and
Association Administrator
Instructor Corps**

Terra Kaliszuk
Executive Staff Officer
Professional Development
The Alberta Teachers' Association
11010 142 Street
Edmonton, AB T5N 2R1 or
Terra.Kaliszuk@ata.ab.ca

**Indigenous Education
Professional Development
Facilitator Corps**

Melissa Purcell
Executive Staff Officer
Professional Development
The Alberta Teachers' Association
11010 142 Street
Edmonton, AB, T5N 2R1 or
Melissa.Purcell@ata.ab.ca

**Professional Development
Facilitator Corps**

Gail-Ann Wilson Mitchell
Executive Staff Officer
Professional Development
The Alberta Teachers' Association
11010 142 Street
Edmonton, AB, T5N 2R1 or
Gail-Ann.WilsonMitchell@ata.ab.ca

Please send or e-mail this application form, along with your letter of interest and resume, to the specific contact noted above.

This information is collected pursuant to the Personal Information Protection Act of Alberta and will be used to assist in the selection of Association instructors. Should you have any questions regarding the Association's collection, use or disclosure of personal information, please contact the ATA Privacy Officer at 780-447-9400.

Name*	
Mailing Address*	
Street	
City/Town	Postal Code
E-mail*	
Home Phone Number	Cell Phone Number*
School Phone Number	
School	
Name	
Street	
City/Town	Postal Code
Name of School Principal	
School Board	
Board Office Mailing Address	
Street	
City/Town	Postal Code
Name of Superintendent and Mailing Address	
Name	
Street	
City/Town	Postal Code



Academic Credentials	
Other Credentials or Highlights	
Teaching Experience* (Indicate grade levels and courses/subjects taught)	
Language(s) Spoken Fluently*	
Language(s) Written Fluently*	
Names and contact information of two professional references (include information below)*	
1.	2.
Name	Name
School	School
Position	Position
Phone Number	Phone Number
Professional Relationship	Professional Relationship
Date(s) of Most Recent Work Together	Date(s) of Most Recent Work Together
Eligibility for Service*	
Are you an active or associate ATA member in good standing? Yes No Unsure (If unsure, please contact the ATA's Membership Services at 1-800-232-7208)	
Have you ever been disciplined by a current or past employer? Yes No If yes, please provide date and details:	
Have you ever been disciplined by a current or past regulatory body? Yes No If yes, please provide date and details:	
Are you currently under investigation for alleged professional misconduct or professional practice? Yes No If yes, please provide date and details:	

*Required Fields

