

**CERTIFICATION FORM #2  
RE-EVALUATION APPLICATION & OTHER REQUESTS**

OSSTF/FEESO Certification Department, 60 Mobile Drive, Toronto, Ontario M4A 2P3  
Phone: 416-751-8300/800-267-7867 Fax: 416-751-0910  
Further Information at [www.osstf.ca](http://www.osstf.ca)

**PERSONAL INFORMATION**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Former Surname (if applicable) : \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone Number: ( ) - \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ OSSTF/FEESO Member Number (if known): \_\_\_\_\_

Email Address: \_\_\_\_\_ Ontario College of Teachers Member Number: \_\_\_\_\_

**SCHOOL/DISTRICT INFORMATION**

District School Board Name: \_\_\_\_\_ Years with Board: \_\_\_\_\_

School Name: \_\_\_\_\_ School Telephone Number: ( ) - \_\_\_\_\_

 Academic Teacher or  Technological TeacherCurrent Group:  1  2  3  4**RE-EVALUATION FOR GROUP CHANGE** Review of existing credentials – no new course(s)/degree(s)**OR** Course(s)/degree(s) completed since last evaluationOFFICIAL TRANSCRIPT(S):  Forwarded by Registrar  Enclosed Additional Qualification(s) completed since last evaluationOFFICIAL TRANSCRIPT(S):  Forwarded by Registrar  Enclosed  Not ApplicableOther: \_\_\_\_\_  
(Please specify)

**OTHER REQUESTS**

- Outline requirements for placement in a higher Group (more than one box may be checked)
  - I intend to upgrade under the Honour Specialist Pathway in the subject of \_\_\_\_\_ ; ***or***
  - I intend to upgrade under the Three Session Specialist Pathway in the discipline of \_\_\_\_\_ ; ***or***
  - I intend to upgrade under the Technological Pathway

Provisional Certification Rating Statement (CRS) changed to permanent CRS  
(**ONLY** check documents relevant to your re-evaluation)

- Official transcript of Post-Graduate degree conferred  
Transcripts(s):     Forwarded by Registrar         Enclosed
- Official transcript of University course(s)/degree(s)  
Transcripts(s):     Forwarded by Registrar         Enclosed
- Additional Qualifications  
    Certificate of Qualification

Duplicate Certification Rating Statement

Change of Name

Change of Address

Other: \_\_\_\_\_  
(Please specify)

**AUTHORIZATION:** I hereby consent to the collection, and use of the above-noted information by the Ontario Secondary School Teachers' Federation. This information shall be exclusive for the purposes of union administration and the representation of our members.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: This application will NOT be processed until ALL of the required documents are received.  
Allow a minimum of 8-10 weeks for processing.**

