

CERTIFICATION FORM #3 - COURSE APPROVAL APPLICATION

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
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: () - _____

 Current Group Rating: 1 2 3 4

Pathway under which you are upgrading:

 Honour Specialist Three Session Specialist Honour Technological Education Specialist

List below one or more courses for consideration:

SUBJECT	COURSE CODE	COURSE TITLE	NAME OF INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

ALLOW A MINIMUM OF 2 WEEKS FOR PROCESSING COURSE APPROVALS