

**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](http://www.osstf.ca)**PERSONAL INFORMATION**

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

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone 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**