

OECTA/OCSTA
ADDITIONAL QUALIFICATION COURSES
IN RELIGIOUS EDUCATION

SPRING 2009

Course Director: Tom Jordan

Location: Kemptville

PART I _____

PART III _____

Name: _____
(Last name) (First name)

SOCIAL INSURANCE NUMBER: _____

Birth Date: _____
(dd/mm/yyyy)

College of Teachers Registration Number: _____

HOME ADDRESS:

Street: _____ City/Town: _____

Postal Code: _____ Telephone: (_____) _____

E-mail address (home or school) _____

NAME OF SCHOOL WHERE YOU ARE CURRENTLY ASSIGNED:

School Telephone: (_____) _____

ALL REGISTRANTS:

A copy of your 2009 Certificate of Qualification or a copy of your 2009 Interim Certificate of Qualification from the Ontario College of Teachers MUST accompany this registration form.

A copy of your Ontario College of Teachers membership card is not adequate for registration.

PART III APPLICANTS ONLY

Attached is a copy of:

Part II certificate _____ Location _____ Year _____

OR

Part II equivalency certificate _____ Year _____

Contact your board office for the signature of the appropriate supervisory officer required below.

This is to certify that _____, has a minimum of two years successful teaching experience, one of which has been in an Ontario Catholic School.

SIGNATURE - Supervisory Officer (superintendent)

PLEASE PRINT NAME

The 388 days of teaching begins as of the issue date that appears on their Certificate of Qualification.

TUITION FEE - \$500.00

CHEQUES PAYABLE TO: Ontario English Catholic Teachers' Association

Please Note:

- **A \$50.00 non-refundable fee will be charged for course withdrawal**
- **The application form will not be processed without the tuition fee**
- **No postdated cheques will be accepted after the first day of the course**
- **A service charge of \$25.00 will be levied for any cheques that do not clear the bank**

ADDRESS ALL COMMUNICATIONS TO:

**Mr. Tom Jordan
CDSB of Eastern Ontario
Box 2222, 2755 Highway 43
Kemptville, Ontario
K0G 1J0
1-800-443-4562 x 246**