

Dufferin-Peel Catholic District School Board

APPLICATION FORM FOR ADDITIONAL QUALIFICATION COURSES

40 Matheson Boulevard West, Mississauga, ON L5R 1C5
Phone: 905-890-1221 Toll Free: 1-800-387-9501 Fax: 905-890-7610

NAME OF APPLICANT: _____

OCT NUMBER: _____

BIRTH DATE: _____

*(Information required by the Ontario College of Teachers when course completion is uploaded.
Information will be kept in the strictest confidence and will be destroyed after seven years.)*

In the event of the evening being cancelled (e.g. inclement weather), information will be sent out through the internal Dufferin-Peel system. If you would like to be contacted through another e-mail or via text, indicate below:

Preferred EMAIL: _____

Preferred TELEPHONE #: _____

BOARD: _____

CURRENT SCHOOL: _____

COURSE APPLIED FOR: Religious Education in Catholic Schools

APPLICANT HAS APPLIED FOR:

Part 1 _____ Part 2 _____ Specialist _____

Please include a copy of your current OCT certificate (this can be obtained from the members' area of the OCT site).

Cost:

The cost for Applicants who enroll in Part 1 is: \$500.00

The cost for Applicants who enroll in Part 2 is: \$650.00

The cost for Applicants who enroll in Part 3 is: \$650.00

Applicants can pay using cash, personal cheque or credit card.

Internal applicants may pay through payroll deduction. If paying through payroll deduction, indicate here: _____

Dufferin-Peel Catholic District School Board

CERTIFICATION OF TEACHING EXPERIENCE FORM FOR ADDITIONAL QUALIFICATION COURSES

40 Matheson Boulevard West, Mississauga, ON L5R 1C5
Phone: 905-890-1221 Toll Free: 1-800-387-9501 Fax: 905-890-7610

NAME OF APPLICANT: _____ OCT NUMBER: _____

If a Dufferin-Peel employee Employee Number: _____

School/work location: _____

COURSE APPLIED FOR: A.Q. Course – Religious Education in Catholic Schools

APPLICANT HAS APPLIED FOR: Part 2 _____ Specialist _____

SESSION: Fall/Winter _____ Spring _____ Summer _____

PART 2 COURSES – Supervisory Officer’s Certification

I certify that the applicant named above has successfully completed at least one (1) school year (194 days) of successful teaching experience prior to beginning of course session.

Name of Supervisory Officer (please print) _____

Signature of Supervisory Officer _____

Title of Supervisory Officer _____

Date _____ Telephone Number _____

Name of School Board _____

SPECIALIST COURSES – Supervisory Officer’s Certification

I certify that the applicant named above has successfully completed at least two (2) school years (388 days) of successful teaching experience, including at least one school year (194 days) of experience in the subject listed above prior to beginning of course session.

Name of Supervisory Officer (please print) _____

Signature of Supervisory Officer _____

Title of Supervisory Officer _____

Date _____ Telephone Number _____

Name of School Board _____

For this purpose, a Supervisory Officer is defined as follows:

(a) For a teacher employed by a District School Board of Education, this person is a Superintendent of the District. A Principal's signature does not satisfy this requirement.

(b) For a teacher employed by a private school, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does not satisfy this requirement.