



Ontario Christian School Teachers Association
 777 Garner Road East,
 Ancaster, ON L9K 1J4

Application for Evaluation of Qualifications

Name _____

address _____ city _____ province _____ postal code _____

email address _____ telephone: home _____ school _____

CSTC #: _____

Documents (please check the following)

Enclosed

To follow

1. Teaching certificates, degrees, diplomas (photocopies permitted)
2. Official transcripts (no photocopies)

A. Teaching certificates, degrees and/or diplomas earned (photocopies permitted)

B. Official transcripts of undergraduate and/or graduate studies

C. Other post-secondary studies (official transcript enclosed)

D. I declare that the information supplied on this form is complete and correct.

Signature _____

Date: _____

Mail complete form and documents to:
 Credentials Committee,
 OCSTA,
 777 Garner Road East
 Ancaster, Ontario L9K 1J4

Credentials Committee Use Only

Category Placement: _____

Date: _____