

# OCSTA CHRISTIAN SCHOOL TEACHER'S CERTIFICATE (CSTC) Application

INTERIM \_\_\_  
REGULAR \_\_\_

Please print.

Name \_\_\_\_\_

Street and number \_\_\_\_\_

City \_\_\_\_\_

Prov. \_\_\_\_\_

P.C. \_\_\_\_\_

School at which you are currently or will be employed: \_\_\_\_\_

City \_\_\_\_\_

## Documents (please check the following)

	Enclosed	To Follow	OCSTA Office Use	Yes	No
1. Official Transcript(s) No photocopies	<input type="checkbox"/>	<input type="checkbox"/>	1. Complete	<input type="checkbox"/>	<input type="checkbox"/>
2. Teaching Certificate(s), degree(s)	<input type="checkbox"/>	<input type="checkbox"/>	2. Complete	<input type="checkbox"/>	<input type="checkbox"/>
3. Letter from principal confirming employment	<input type="checkbox"/>		3. Received	<input type="checkbox"/>	<input type="checkbox"/>
4. Letter from principal confirming two years of successful teaching	<input type="checkbox"/>		4. Received	<input type="checkbox"/>	<input type="checkbox"/>
5. Processing fee: \$25.00	<input type="checkbox"/>		5. Received	<input type="checkbox"/>	<input type="checkbox"/>
			6. OCSTA Member	<input type="checkbox"/>	<input type="checkbox"/>

### A. DEGREES OBTAINED. An official transcript must be sent from the institution to the OCSTA Credentials Committee at your request. Photo copies are permitted only if you have an *Ontario Certificate of Qualifications*.

Institution Name \_\_\_\_\_

Institution Name \_\_\_\_\_

### B. TEACHING CERTIFICATE OR BACHELOR OF CHRISTIAN EDUCATION OBTAINED (Photocopies permitted)

### C. AREAS OF STUDY. An official transcript is needed to indicate the courses that satisfy the requirements, one for each of the four areas of study. A list of some eligible courses is indicated in the OCSTA Handbook. Please use course numbers and titles as indicated on your transcript.

Area of Study	Institution	Course #	Course Title
I Theological	_____	_____	_____
II Philosophical	_____	_____	_____
III Curricular/Instructional	_____	_____	_____
IV Christian Worldview Studies	_____	_____	_____

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

Signature \_\_\_\_\_

Application Date: \_\_\_\_\_

#### FOR CREDENTIALS COMMITTEE USE

Committee recommendation: \_\_\_\_\_

Signature of committee member: \_\_\_\_\_

Date granted: \_\_\_\_\_ Certificate number: \_\_\_\_\_