



Request for First Extension of Certificate of Qualification and Registration

Complete this form if you wish to request a first extension of your Certificate of Qualification and Registration. Requests for extension should be received by the Ontario College of Teachers **three months prior to the certificate expiry date** to allow for processing time. Extensions cannot be granted for any requests received after the certificate expires. If your certificate expires, you will be required to reapply to the College after completing any outstanding conditions on your certificate and meet the certification requirements in place at the time of reapplication.

The Registrar considers requests for first extensions of Certificates of Qualification and Registration where the member:

- is in good standing, and
- provides sufficient evidence (i.e. course name, provider name and enrollment date) of the steps they have taken to complete the outstanding requirements.

Before submitting this form, please ensure that you are a member in good standing with the College. **If your certificate status is currently Suspended for Non-Payment of Fees or Retired, you are required to reinstate your certificate prior to requesting an extension.** Visit www.oct.ca for further information on reinstating your certificate.

Review the remaining condition(s) on your certificate and follow the instructions pertaining to your condition(s) carefully. If you have any questions about the requirements listed on your certificate, please contact the College.

PERSONAL INFORMATION

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST AND MIDDLE NAMES

EMAIL

ADDRESS LINE 1

APT.# / UNIT # / P.O. BOX / RR#

CITY

ADDRESS LINE 2

PROVINCE

COUNTRY

POSTAL CODE / ZIP CODE

HOME PHONE

MOBILE PHONE

REQUEST AND DECLARATION OF STATUS

Please check **both** boxes below to complete your request and **sign this form** to confirm you understand the extension requirements:

- I am a member in good standing and request a one-year extension of my Certificate of Qualification and Registration.
- I understand that if the extension is granted, I am required to complete all conditions on my certificate before it expires or, due to documented exceptional circumstances, request a second and final extension which may be considered by the Registrar for further extension. Should my certificate expire, I will be required to complete any outstanding conditions prior to reapplying to the College and will be required to meet the certification requirements in place at the time of reapplication.

Please be sure you have **provided** all of the information required. Only **completed** and **signed** forms will be processed.

DETAILS OF REQUEST

COLLEGE REGISTRATION NUMBER _____

LAST NAME _____

FIRST AND MIDDLE NAMES _____

Please check any applicable boxes below to advise the College of the steps you have taken to complete the outstanding condition(s) on your certificate:

I am enrolled in:

COURSE NAME/NAME OF PROVIDER

A 20-day practicum at: _____

NAME OF PROVIDER

The course/practicum will be completed by: _____

DATE (DD/MM/YY)

I intend to enrol in: _____

DIVISION AND COURSE NAME/20-DAY PRACTICUM

I have taken the following steps to date to enrol in this qualification (please use another page, if required): _____

I expect to complete the requirement by: _____

DATE (DD/MM/YY)

I will be completing my practicum requirement through work experience and expect to have this requirement completed by: _____

DATE (DD/MM/YY)

Other. Please provide details below (please use another page, if required). _____

ATTACHMENTS

Proof of enrolment in qualification course or practicum (if applicable)

Other supporting documents

SIGNATURE _____

DATE _____

Please be sure you have **provided all** of the information required. Only **completed** and **signed** forms will be processed.