



Request for Second Extension of Certificate of Qualification and Registration

Complete this form if you wish to request a second 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 your 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 second extensions of Certificates of Qualification and Registration where the member has met all of the following requirements:

- has been granted a first extension and has not provided evidence of completion of outstanding requirements
- is in good standing
- provides sufficient evidence of the exceptional circumstances preventing him or her from completing the requirements, such as:
 - i. financial hardship, or
 - ii. personal or immediate family physical or mental health
- provides sufficient evidence of the steps 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 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, 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

PRIMARY TELEPHONE

SECONDARY TELEPHONE

FAX NUMBER

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 second and **final** 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. 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 complete 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.