



Consent Form for Fulfilling Complementary Education Condition(s)

Please allow 30 days for processing.

If your Certificate of Qualification and Registration (CQR) has a condition to complete a course(s) in complementary education of your choice, you may complete one or more additional qualification courses listed in [Schedule C](#) of the *Teachers' Qualifications Regulation 176/10*.

When you successfully complete a course from [Schedule C](#), you **must** inform the College, in writing, whether the course will be used to satisfy a condition to complete a course in complementary education of your choice **or** whether you wish to have the additional qualification recorded on your CQR.

Please complete and submit this form to advise the College of your decision. You may send the completed form via email attachment, fax or mail. You must complete a form for each [Schedule C](#) course you take until you no longer have terms, conditions or limitations on your CQR.

You may choose different options for each course that you successfully complete.

PERSONAL INFORMATION

COLLEGE REGISTRATION NUMBER		LAST NAME	
FIRST AND MIDDLE NAMES		EMAIL	
ADDRESS LINE 1		ADDRESS LINE 2	
APT.# / UNIT # / P.O. BOX / RR#	CITY	PROVINCE	POSTAL CODE / ZIP CODE
COUNTRY	PRIMARY PHONE	SECONDARY PHONE	

Complete both pages of this form.

OPTIONS

Choose Option A or Option B. (You may only choose one option.) There must be a check made in both boxes of the option you choose.

Option A: To fulfill my condition using a Schedule C course

I give consent for the Schedule C additional qualification course

NAME OF SCHEDULE C COURSE

that I have completed to be used to satisfy one of the conditions on my Certificate of Qualification and Registration.

I acknowledge that this additional qualification will not appear on my Certificate of Qualification and Registration and that my request is final.

Option B: To record the Schedule C course on my Certificate of Qualification and Registration.

I give consent for the Schedule C additional qualification course

NAME OF SCHEDULE C COURSE

that I have completed to be recorded on my Certificate of Qualification and Registration.

I acknowledge that this Schedule C additional qualification course cannot be used to fulfill a condition on my Certificate of Qualification and Registration and that my request is final.

SIGNATURE

DATE (DD/MM/YY)

Please either enter a digital signature or print, sign and date this form before sending it back to the College.

In order to complete your request, the College must receive the following:

- 1) your completed and signed form for each course you take indicating your choice (Option A or Option B), and
- 2) a report directly from the course provider confirming that you have successfully completed the course.

Only completed and signed forms will be processed.