

Areas marked \* are required for OCT recommendation. Please sign form before submitting.

<b>Officially recognized surname*</b>	<b>OCT #*:</b>	<b>Date of Birth (MM/DD/YYYY)*</b>	
<b>Former Surname (if Applicable)</b>		<b>SIN *</b>	
<b>Given Names (in full)*</b>	<b>E-mail Address*:</b>		<b>Fax Number:</b>
<b>Mailing Address:</b>			
_____			
Apt.	No. and Street or P.O. Box	City/Town	Province Postal Code
<b>Telephone:</b>	<b>School Name:</b>	<b>School Phone:</b>	
<b>Current Employer:</b> <input type="checkbox"/> WRDSB <input type="checkbox"/> WCDSB <input type="checkbox"/> UDGSB <input type="checkbox"/> Well.CDSB <b>Current Position:</b> <input type="checkbox"/> SERT <input type="checkbox"/> consultant <input type="checkbox"/> classroom teacher <input type="checkbox"/> administrator <input type="checkbox"/> lead/resource teacher <b># of years in current position:</b> _____ <b>Total years as a certified teacher:</b> _____ <b>Are you currently a NTIP mentor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you currently an Associate Teacher?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Course Location:</b> <input type="checkbox"/> Waterloo <input type="checkbox"/> Guelph			
<b>NOTE: Either location is open to all participants regardless of address or board affiliation.</b>			
<i>I declare that the above information is COMPLETE and correct, and that I am aware that sanctions may be applied for a false declaration. The name shown on the top of this form is the complete name by which I am legally and currently known. I understand that my application cannot be processed without all required information and documentation.</i>			
<b>Applicant's Signature:</b> _____			<b>Date(YY/MM/DD):</b> _____
<b>FORM <u>MUST BE SIGNED</u> for credit card payments    Applicant's name:</b> _____			
<b>Method of payment:</b> <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Card Number: _____ Name on Card: _____			
Expiry Date(MM/YY): _____ Card holder's signature: _____			
<b>Total: \$100 <u>non-refundable</u> – Payment will be processed when form is submitted.</b>			

**\*\*Office Use Only\*\***

OCT #     SIN     DOB     Email     Payment Processed \_\_\_\_\_