

**CERTIFICATION FORM #2  
RE-EVALUATION APPLICATION & OTHER REQUESTS**

OSSTF/FEESO Certification Department, 60 Mobile Drive, Toronto, Ontario M4A 2P3  
Phone: 416-751-8300/800-267-7867 Fax: 416-751-0910  
Further Information at [www.osstf.on.ca](http://www.osstf.on.ca)

**PERSONAL INFORMATION**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Former Surname (if applicable) : \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Telephone Number: ( ) - \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ OSSTF/FEESO Member Number (if known): \_\_\_\_\_

**SCHOOL/DISTRICT INFORMATION**

District School Board Name: \_\_\_\_\_ Years with Board: \_\_\_\_\_

School Name: \_\_\_\_\_ School Telephone Number: ( ) - \_\_\_\_\_

 Academic Teacher or  Technological TeacherCurrent Group:  1  2  3  4**RE-EVALUATION for GROUP CHANGE** Review of existing credentials (no new courses/degrees)

OR

 Course(s)/degree(s) completed since last evaluationOfficial Transcripts(s) are:  Forwarded by Registrar  Enclosed Additional Qualification(s) completed since last evaluationOfficial Transcripts(s) are:  Forwarded by Registrar  Enclosed  Not ApplicableOther: \_\_\_\_\_  
(Please specify)

**OTHER REQUESTS**

Outline requirements for placement in a higher Group (more than one box may be checked)

I intend to upgrade under the Honour Specialist Program in the subject of \_\_\_\_\_ ; ***or***

I intend to upgrade under the Three Session Specialist Program in the discipline of \_\_\_\_\_ ; ***or***

I intend to upgrade under the Honour Technological Studies Specialist Program

Letter of Evaluation – change to permanent Certification Rating Statement

Certificate of Qualification  
(copy from the Ontario College of Teachers website is acceptable)

Provisional Certification Rating Statement (CRS) changed to permanent CRS  
**(ONLY check documents relevant to your re-evaluation)**

Official transcript of Post Graduate degree conferred

Official Transcripts(s) are:  Forwarded by Registrar  Enclosed

Official transcript of University course(s)/degree(s)

Official Transcripts(s) are:  Forwarded by Registrar  Enclosed

Additional Qualifications

E-mail Letter of Acknowledgement

Certificate of Qualification

Duplicate Certification Rating Statement

Change of Name

Change of Address

Other: \_\_\_\_\_  
(Please specify)

**AUTHORIZATION:** I hereby consent to the collection, and use of the above-noted information by the Ontario Secondary School Teachers' Federation. This information shall be exclusive for the purposes of union administration and the representation of our members.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: This application will NOT be processed until ALL of the required documents are received. Allow a minimum of 8-10 weeks for processing.**