



Application for Accreditation Agreement for Providers of Additional Qualifications Programs

In order to offer a program of additional qualification, an agent of the provider who is authorized to bind the organization must complete this form.

Acknowledgement

The _____ hereby acknowledges and confirms that:
(PROVIDER NAME)

1. It will inform the Registrar of the Ontario College of Teachers, in such manner as the Registrar directs, when a teacher candidate has successfully completed the program of additional qualification.
2. It will inform the Registrar of the Ontario College of Teachers, in such manner as the Registrar directs, of the particulars of the qualifications held by the teacher candidate that led to the candidate's admission to the program.
3. It understands the above-noted obligations and agrees to comply.

NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE

DATE