



Request for Statement of Professional Standing

The fee must accompany this form. If you are paying by credit card, please visit the [e-Services](#) section of our website at [oct.ca](#) → [Members](#) → [E-Services](#) to complete this form and make your payment.

Please allow 30 business days for processing.

ABOUT YOUR REQUEST

Please review this section before completing and submitting this form.

- A Statement of Professional Standing comprises information as posted on our public register at [oct.ca](#) → [Find a Teacher](#), including your teacher qualifications, the date of initial certification, your status with the College and any disciplinary history, if applicable.
- You may request that we mail the statement directly to an institution. When this is requested, we will send a copy to you for your files.
- There is a \$24 fee for each Statement of Professional Standing requested. This fee includes the copy that is mailed to your attention.
- The College will make every effort to respond to your request within 30 business days.
- A quick, no-cost alternative is to direct prospective employers to the public register Find a Teacher on the Colleges website [oct.ca](#), so they can check your credentials immediately. This section confirms your status with the College and your professional qualifications.

REQUEST FOR STATEMENT OF PROFESSIONAL STANDING

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	

MAILING INSTRUCTIONS

The Statement of Professional Standing will be mailed directly to the institution(s) specified below at a charge of \$24 per copy requested. **A copy of the statement will be mailed to you at no charge.**

Please mail my Statement of Professional Standing to:

The address provided above,

OR: _____
ADDRESS

Please mail a copy of my Statement of Professional Standing to the following institution(s):

INSTITUTION #1

NAME OF INSTITUTION _____

ADDRESS _____

APT.# / UNIT # / P.O. BOX / RR# CITY PROVINCE

POSTAL CODE / ZIP CODE COUNTRY

INSTITUTION #2

NAME OF INSTITUTION _____

ADDRESS _____

APT.# / UNIT # / P.O. BOX / RR# CITY PROVINCE

POSTAL CODE / ZIP CODE COUNTRY

INSTITUTION #3

NAME OF INSTITUTION _____

ADDRESS _____

APT.# / UNIT # / P.O. BOX / RR# CITY PROVINCE

POSTAL CODE / ZIP CODE COUNTRY

I authorize the Ontario College of Teachers to send a Statement of Professional Standing to the institutions provided above.

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.

Payment

Please include the appropriate fee.

Please make your cheque or money order payable to **Ontario College of Teachers**, attach it to this form and mail to:

Membership Services
Ontario College of Teachers
101 Bloor Street West
Toronto ON M5S 0A1