

Form A-10 Appeal Application

I. Contact Information (Please print clearly)

Mr. Ms. _____
Last Name First Name Middle Name

_____ _____ _____ _____
Mailing Address City Province Postal Code

_____ _____
Home Phone Number Email Address (required)

_____ _____ _____
Cell Phone Number Place of Employment (if applicable) Work Phone Number (if applicable)

II. What TESL Ontario certification/accreditation service have you applied for?

III. Please explain why you are requesting a review of TESL Ontario's decision. (Please use a separate sheet, if necessary.)

IV. Administration Fee (tax included) and Method of Payment

- \$56.50 for Certification Applicants
- \$226.00 for Program Accreditation Applicants

- **Administration fee is not refundable**
- **Method of Payment:**

Please provide your phone number and a TESL Ontario staff member will contact you during regular business hours for payment information. We will start processing your application after receiving the payment.

PHONE NUMBER: _____

Please email or mail the completed form to the TESL Ontario Office:

Email: administration@teslontario.org

Mailing address: TESL Ontario, 27 Carlton Street, Suite 405, Toronto, Ontario, M5B 1L2

For Office Use Only

Method of Payment: Credit Card Cheque

Fee: \$56.50 (tax included) \$226.00 (tax included)

Received: Initials..... Date..... **Charged:** Initials..... Date.....