



Application Form A-11 Post TESL Certificate Training (PTCT) Course Approval

PTCT Provider's Full Name and Address			
Person Responsible for the Post TESL Certificate Training			
Full Name:		Title:	
Tel:	Fax:	Email:	
Method of Payment			
<input type="checkbox"/> Cheque (payable to TESL Ontario) <input type="checkbox"/> Cash (in person) <input type="checkbox"/> VISA			
Name of VISA Cardholder		VISA Card Number	
Expiry Date		Signature of VISA Cardholder	
I hereby personally certify to TESL Ontario that: <ol style="list-style-type: none"> 1. I have read and understood the Initial Considerations and TESL Ontario's Terms and Conditions for Post TESL Certificate Training Approval; 2. This application was prepared by myself and others employed by the provider applying for PTCT Course Approval; 3. The information provided in this application package is, to the best of my knowledge, true and correct as of the in the application; and 4. I fully appreciate that any intentional date set forth 5. or negligent misrepresentation of any of the information contained in this application may result in a revocation of TESL Ontario Approval, should it be granted. 			
Full Name:		Position:	
Training Provider:		Date:	Signature:
For Office Use Only			
Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> Cash			
PTCT Course Approval Application Fee : <input type="checkbox"/> \$452.00 (HST included)			
Received <input type="checkbox"/> Initials..... Date Charged <input type="checkbox"/> Initials..... Date			

Questions? Please contact Reza Mazloom-Farzaghy, the Accreditation Services Manager, by email at reza.mazloom@teslontario.org or by phone at 416-593-4243, x. 205.