

## Application Form A-7

### Adult ESL Teacher Certificate of Accreditation-CTESOL Level

### Reinstatement

#### 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)

Name of School (if attending)

#### II. I hold valid membership with

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BC TEAL           | <input type="checkbox"/> TEAL Manitoba   | <input type="checkbox"/> SPEAQ (Quebec)     |
| <input type="checkbox"/> ATESL (Alberta)   | <input type="checkbox"/> TEAM (Manitoba) | <input type="checkbox"/> TESL New Brunswick |
| <input type="checkbox"/> TESL Saskatchewan | <input type="checkbox"/> TESL Ontario    | <input type="checkbox"/> TESL Nova Scotia   |

My membership number is \_\_\_\_\_ My membership renewal date is \_\_\_\_\_

#### III. Are you currently teaching? (Please note! Your response to this question does not affect your CTESOL accreditation application.)

- No     Yes, I am currently teaching in the sector/s checked below:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> LINC / CLIC                                 | <input type="checkbox"/> Private School     | <input type="checkbox"/> Secondary                    |
| <input type="checkbox"/> Continuing Education/Adult ESL (non-credit) | <input type="checkbox"/> Adult ESL (credit) | <input type="checkbox"/> College/University           |
| <input type="checkbox"/> ELT   | <input type="checkbox"/> Elementary         | <input type="checkbox"/> Other- Please specify: _____ |

#### IV. Fees and Method of Payment

- One-time Administration Fee: \$141.25 (tax included)
- Annual Accreditation Fee - \$92.66\* (tax included)

**• Method of Payment:** Please provide your phone number and a TESL Ontario staff member will reach you during the regular business hours for payment information. We will complete processing your application after receiving payments. All fees are non-refundable.

PHONE NUMBER: \_\_\_\_\_

#### V. Proof of Professional Development (PD)

- I am submitting the required proof of PD with this application.  
 TESL Ontario has already confirmed that I do not need to submit proof of PD with this application.  
 Please let me know if proof of PD is required.

*Please continue on the second page of the application form!*

**VI.** I certify that all information and documents I have submitted to TESL Ontario are true, correct, and complete to the best of my knowledge. I understand that my application will not be processed until TESL Ontario receives all required documents, forms, and fees. I also understand that additional documentation or information may be required. I authorize TESL Ontario to contact the educational institutions I have attended and my previous and present employers to verify any and all information that relate to my reinstatement application. I am aware that the reinstatement application procedures, standards, requirements, and fees are subject to change without notice.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only** Method of Payment:  Cheque  VISA  MC  AMEX  Cash

• Administration fee: \$141.25 (incl. tax)

Received  Initials..... Date..... Charged  Initials..... Date.....

• Accreditation Fee: \$...... (incl. tax)

Received  Initials..... Date..... Charged  Initials..... Date.....

Please email PDF scans of your application form and supporting documents to TESL Ontario at [accreditation@teslontario.org](mailto:accreditation@teslontario.org)

Questions? Please contact TESL Ontario by email at [accreditation@teslontario.org](mailto:accreditation@teslontario.org)