



CTESOL ACCREDITATION RENEWAL FORM

27 Carlton Street, Suite 405
Toronto, Ontario M5B 1L2
T 416.593.4243 F 416.593.0164
TF 1.800.327.4827
administration@teslontario.org
www.teslontario.org

This renewal form is only for those holding membership in a provincial organization other than TESL Ontario.

Last Name First Name Middle Name

Mailing Address (include suite number if applicable) City Province Postal Code

(_____) _____
Home Phone

Email Address (required)

(_____) _____
Cell Phone

(_____) _____ Ext. _____ Place of Employment (if applicable) **or** Name of School (if currently attending)
Work Phone (if applicable)

In addition to receiving emails from TESL Ontario, I am consenting to receive electronic communications from TESL Ontario partners & occasional messages on behalf of 3rd party organizations offering services that are of interest to CTESOL certificate holders. Unsubscribe options are available at the bottom of every email that you receive from TESL Ontario and TESL Ontario partners.

CURRENT TEACHING SECTOR: Please check all that apply

- Elementary LINC Continuing Education/ Adult ESL (non-credit)
- Secondary OSLT College/University Not Currently Teaching
- ELT Private School Adult ESL Credit Other: _____

PROVINCIAL ORGANIZATION: Please indicate below which provincial organization you are currently with and provide your membership number and expiry date for that provincial membership.

- Alberta TESL TEAL Manitoba TESL Saskatchewan
- BC TEAL TESL New Brunswick SPEAQ (Quebec)
- TEAM Manitoba TESL Nova Scotia

Membership Number: _____ **Membership Expiry:** _____

ANNUAL FEE: CTESOL Accreditation renewal \$ **90.40** (For those holding membership in a provincial organization other than TESL Ontario)

Cheque Cash (do not mail) Visa MC AMEX
(Please note that we are not able to accept payment in the TESL Ontario office by debit card or Interac transfer)

CREDIT CARD NUMBER **EXPIRY DATE** **SIGNATURE OF CARDHOLDER**

Prices are non-refundable and include HST (R126198043)

I hereby confirm that I have completed the required 10 PD hours for this CTESOL accreditation renewal. Proof will be submitted to TESL Ontario upon request.

For office use only: pmt rec'd _____ **Amt Paid \$** _____ Chq Cash Visa MC AMEX
MS Expiry Date: _____ **Accreditation Date:** _____