



Related Work Experience for Technological Education Additional Qualification Courses

Please return completed forms directly to the learner via email or fax

TECHNOLOGICAL EDUCATION ADDITIONAL QUALIFICATION PREREQUISITES:

Learners who **DO** have both the 9/10 and 11/12 certification in one Technological area listed on their Ontario College of Teachers' Certificate of Qualification qualify to take any other 9/10 Technological course (Please note that to take the grade 11/12 course in another area there are prerequisites).

Learners who **DO NOT** have Technological Education listed on their Ontario College of Teachers' Certificate of Qualification, i.e. 9/10 and 11/12 Technological courses in the same area, must meet the following work experience admission requirements:

- Five years of full time, related and acceptable wage earning work experience
- Work experience must be completed in blocks of at least 4 months
- Part-time work as a student while attending school or between semesters and summer breaks does not count

OR

- 3 years full-time work experience as defined above in an OISE listed trade or profession AFTER successful completion of a related 2 year diploma program.

OR

- 2 years full-time wage earning experience as defined above in an OISE listed trade or profession AFTER successful completion of a related 3 or 4 year diploma/degree program.

Please Note:

1. Work experience cannot be counted toward more than one Grade 9/10 or 11/12 Technology Additional Qualification.
2. Acceptable related experience and diplomas must be related directly to teachable areas in the Technological Education Curriculum Document or Technological Education Emphasis Course Areas.
3. Candidates submitting related experience in restricted trade areas should hold a valid trade certificate (ie., electrician, plumber, etc.).

SECTION A: TO BE COMPLETED BY LEARNER

PERSONAL INFORMATION

NAME OF APPLICANT: _____ OCT MEMBER NO.: _____
HOME ADDRESS: _____ TELEPHONE NO.: (_____) _____ - _____
EMAIL ADDRESS: _____ FAX NO.: (_____) _____ - _____

DO YOU HOLD ANY PROFESSIONAL DESIGNATION(S) OR CERTIFICATIONS IN THE TECHNOLOGICAL AREA? IF YES, PLEASE LIST THEM BELOW AND IF POSSIBLE, ATTACH ANY RELEVANT DOCUMENTS (ie. Red Seal Certificate, etc.) YES NO

DESIGNATION/CERTIFICATION: _____ DATE ACQUIRED: (MM/YY) ___ / ___

DESIGNATION/CERTIFICATION: _____ DATE ACQUIRED: (MM/YY) ___ / ___

PLEASE NOTE: COMPLETED FORMS MUST BE SUBMITTED ELECTRONICALLY BY UPLOADING A DIGITAL COPY TO YOUR COURSE APPLICATION. ORIGINAL IS NOT REQUIRED.

PROGRAM INFORMATION

COURSE NAME: _____ COURSE CODE: PK12- _____ SESSION: FALL WINTER
 SPRING SUMMER

COURSE START DATE (MM/DD/YY): ___ / ___

