

# VOCATE

## CHRISTIAN SCHOOL TEACHER'S CERTIFICATE (CSTC) Application

INTERIM \_\_\_\_

REGULAR \_\_\_\_

Please print.

Name \_\_\_\_\_

Street and number \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ P.C. \_\_\_\_\_

School at which you are currently or will be employed: \_\_\_\_\_ City \_\_\_\_\_ Email Address \_\_\_\_\_

Documents (please check the following)	Enclosed	to Follow	Vocate Office Use	Yes	No
1. Official Transcript(s) No photocopies	<input type="checkbox"/>	<input type="checkbox"/>	1. Complete	<input type="checkbox"/>	<input type="checkbox"/>
2. Teaching Certificate(s), degree(s)	<input type="checkbox"/>	<input type="checkbox"/>	2. Complete	<input type="checkbox"/>	<input type="checkbox"/>
3. Letter from principal confirming employment	<input type="checkbox"/>		3. Received	<input type="checkbox"/>	<input type="checkbox"/>
4. Letter from principal confirming two years of successful teaching	<input type="checkbox"/>		4. Received	<input type="checkbox"/>	<input type="checkbox"/>
5. Processing fee: \$25.00 (e-transfer available: ( <a href="mailto:office@vocate.ca">office@vocate.ca</a> ))	<input type="checkbox"/>		5. Received	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>VOCATE Member (must be a Vocate Member to obtain and retain CSTC)</b>			6. Vocate Member	<input type="checkbox"/>	<input type="checkbox"/>

A. **DEGREES OBTAINED.** An official transcript must be sent from the institution to the Vocate Credentials Committee at your request. Photocopies are permitted only if you have an *Ontario Certificate of Qualifications*.  
 Institution Name \_\_\_\_\_

Institution Name \_\_\_\_\_

B. **TEACHING CERTIFICATE OR BACHELOR OF CHRISTIAN EDUCATION OBTAINED** (Photocopies permitted)

\_\_\_\_\_

\_\_\_\_\_

C. **AREAS OF STUDY.** An official transcript is needed to indicate the courses that satisfy the requirements, one for each of the four areas of study. A list of some eligible courses is indicated in the Vocate Handbook. Please use course numbers and titles as indicated on your transcript. **A full credit course must be completed in each Area of Study.**

Area of Study	Institution	Course #	Course Title
I Theological	_____	_____	_____
II Philosophical	_____	_____	_____
III Curricular/Instructional	_____	_____	_____
IV Christian Worldview Studies	_____	_____	_____

D. I declare that the information supplied on this form is complete and correct.

Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

**Please mail to: Vocate, ATTN: Credentials Committee, 777 Garner Road E., Ancaster, ON L9K 1J4**

FOR CREDENTIALS COMMITTEE USE	
Committee recommendation:	_____
Signature of committee member:	_____
Date granted:	_____ Certificate number: _____