

Edifide

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	Edifide 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"/>	<input type="checkbox"/>	3. Received	<input type="checkbox"/>	<input type="checkbox"/>
4. Letter from principal confirming two years of successful teaching	<input type="checkbox"/>	<input type="checkbox"/>	4. Received	<input type="checkbox"/>	<input type="checkbox"/>
5. Processing fee: \$25.00	<input type="checkbox"/>	<input type="checkbox"/>	5.. Received	<input type="checkbox"/>	<input type="checkbox"/>
6. EDIFIDE Member(must be an Edifide Member to obtain CSTC)			6. Edifide Member	<input type="checkbox"/>	<input type="checkbox"/>

A. **DEGREES OBTAINED.** An official transcript must be sent from the institution to the Edifide Credentials Committee at your request. Photo copies 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 Edifide Handbook. Please use course numbers and titles as indicated on your transcript.

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: Edifide, 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: _____