

Ordre des enseignantes et des enseignants de l'Ontario

Conditional Admission to Principal's Qualification Program (PQP), Part I Course

Section A – Confirmation of PQP Prerequisite This will confirm that	
LAST NAME	FIRST AND MIDDLE NAMES
has successfully completed the following Ad	ditional Qualification
ADDITIONAL QUALIFICATION	
DATE OF COMPLETION	PROVIDER
NAME AND TITLE OF DESIGNATED PROVIDER REPRESENTATIVE	
DESIGNATED PROVIDER REPRESENTATIVE SIGNATURE	DATE
Section B – Conditional Admission to PQP, Part	I Course
This will confirm that COLLEGE REGISTRATION NUMBER	
LAST NAME	FIRST AND MIDDLE NAMES
of the prerequisite course named in Section Registration/acknowledgement e-mail indica to the Ontario College of Teachers for Part I	
PROVIDER	START DATE OF PQP, PART I
NAME AND TITLE OF DESIGNATED PROVIDER REPRESENTATIVE	
DESIGNATED PROVIDER REPRESENTATIVE SIGNATURE	DATE
Section C - Applicant's Agreement to Process	
	o not present official evidence of appropriate prerequisites by the end of II not be granted/added to my record of qualifications.
CANDIDATE'S SIGNATURE	DATE
	When form has been completed, please forward:

Ontario College of Teachers 121 Bloor Street East, Toronto ON M4W 3M5 Phone: 416-961-8800 Toll-free in Ontario: 1-888-534-2222