Elementary Teachers' Federation of Ontario/
Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario
136 Isabella St., Toronto ON M4Y 0B5
aqcourses@etfo.org

NON-OCT MEMBER WAIVER FORM

_____	_____	_____
LAST NAME	**FIRST NAME**	*Preferred Method of Contact:*
Please Print	***Please Print***	**EMAIL ADDRESS or PHONE**

Course Registration Process for Non-OCT members:

If you are not a member of the Ontario College of Teachers (OCT), you can register for an AQ course. However, you must sign and submit this form at the time of registration for approval.

Under this condition, ETFO AQ will not report successful completion of your course to the OCT now, or at any time in the future.

Please Provide Course Name and Session:

AQ COURSE NAME: _____ **SESSION:** _____

By signing this form, I understand and agree to the following conditions:

a) Registration and completion of the above-noted course will not be reported to the Ontario College of Teachers, now or at any time in the future (even if I receive certification from the College).

b) Should I wish to receive recognition from the College for the above-noted course, I will be required to register and complete the course again in accordance with the policies and fees in effect at that time.

Signature: _____

Date: _____

If you have any questions or concerns regarding information collected on this form, please contact ETFO AQ (aqcourses@etfo.org)

Email of fax completed form to: aqcourses@etfo.org

Incomplete forms will not be processed.