



Notice of Resignation

Use this form to notify the College that you wish to resign your membership. Do not use this form if you are retiring. If you are retiring, please do so in the Members Area.

If you resign, you will no longer be a member of the College and you will not be able to teach in publicly funded schools in Ontario. You will no longer have access to the Members' Area of the College website or be able to use the Ontario Certified Teacher (OCT) designation.

If you decide in the future to reinstate your membership, you must reapply to the College and you will be subject to registration requirements in effect at the time of re-application.

Submit your completed form in person, by mail or by fax.

Please allow up to 30 business days for the College to process your request.

PERSONAL INFORMATION

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST AND MIDDLE NAMES

E-MAIL

ADDRESS LINE 1

APT.# / UNIT # / P.O. BOX / RR#

CITY

ADDRESS LINE 2

PROVINCE

COUNTRY

POSTAL CODE / ZIP CODE

HOME TELEPHONE

BUSINESS TELEPHONE

FAX NUMBER

EMAIL ADDRESS

PREVIOUS NAMES (IF APPLICABLE)

Both boxes must be checked to complete request.

I would like to resign my membership from the Ontario College of Teachers. I understand that, should I wish to once again become a member of the College, I will be required to reapply to the College and to meet all of the certification requirements in place at that time and pay all applicable fees.

I hereby certify that all statements on this form are correct and complete.

SIGNATURE

DATE