

*Private Career Colleges Operational Regulations
Pursuant to Section 22 and 26*

Please PRINT or TYPE responses:

- All areas must be complete. If "see résumé" is listed on the application, it will be returned and have to be resubmitted.
- Copies of any post-secondary degree(s), diploma(s), certificate(s) and current résumé noted in the section on educational background **MUST** be submitted with the application. Under certain instances, the Private Career Colleges Division may require a copy of the applicant's transcript in order to verify the credentials and contact the institution to confirm domestic or international degree(s), diploma(s), or certificate(s) that pertain to specific programs.
- The Private Career Colleges Division may review and audit personnel files, including supporting documentation, at the college.
- Personal information collected about the applicant, directly and indirectly, will be used by the Director in the ongoing review of registration and is collected under the authority of the *Private Career Colleges Act* and Regulations.
- The completed application, and supporting documentation, **must be submitted** to the Private Career Colleges Division and receive written approval **prior to** commencing instructor/assistant duties.

I have attached the \$40.00 application fee, which must be **made payable to "Minister of Finance."** Yes No

1 Applicant Information:

Applicant's given name(s) Surname Telephone Number

Street City/Province Postal Code

Name & Location of vocational and/or Post-secondary schools attended	Dates attended		Did you graduate?	Title of degree(s), diploma(s) or certificate(s)
	From <i>(dd/mm/yyyy)</i>	To <i>(dd/mm/yyyy)</i>		

2 Applicant Certification(s) and License(s):

Certification(s)/License(s)	Year Achieved	Current		Permanent	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 Applicant Practical Experience:

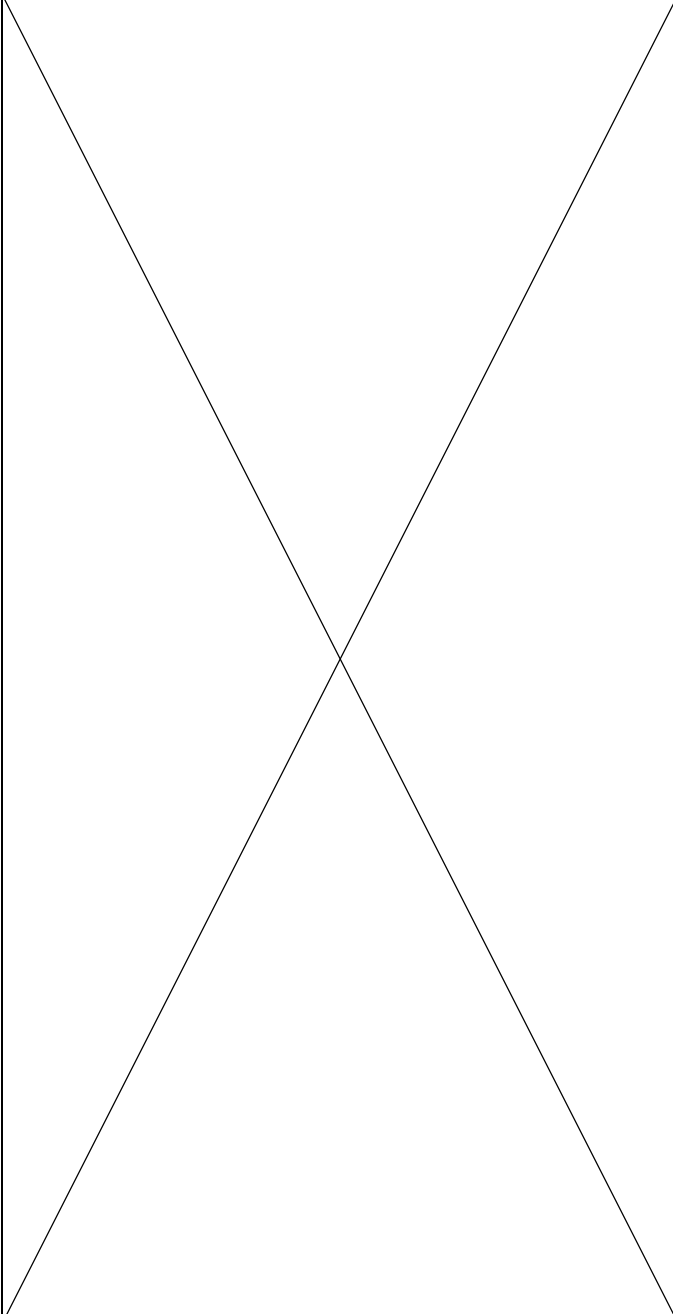
Name, City/Province, Phone # of Employers <i>(list most recent first)</i>	Length of Service		Position(s) <i>(please detail on résumé)</i>
	From <i>(dd/mm/yyyy)</i>	To <i>(dd/mm/yyyy)</i>	

4 Applicant Teaching Experience:

Name, City/Province, Phone # of Employers <i>(list most recent first)</i>	Length of Service		Position(s) <i>(please detail on résumé)</i>
	From <i>(dd/mm/yyyy)</i>	To <i>(dd/mm/yyyy)</i>	

5 Subject/Module Information:

Application is for a list of program(s). Print a separate sheet if there is more than one program. Please check the appropriate checkbox for instructor or instructor assistant.

Program Name	Subjects/Modules	Instructor	Instructor Assistant
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Print extra copies of this page, if needed.

6 Declaration (Part 1) – To be completed by the prospective instructor/instructor assistant:

I hereby certify that the information reported on this application and contained in my degree(s), diploma(s), certificate(s), transcript and résumé is true and correct and I understand that it is an offence to knowingly provide any false or misleading information.

Name (please print)

Signature

Date (dd/mm/yyyy)

7 To be completed by the Private Career College Official

Name of college requesting approval

Proposed date to start instructing/assisting (dd/mm/yyyy)

Has the proposed instructor/instructor assistant been previously registered by the Department?

Yes

No

Is yes, when?

(dd/mm/yyyy)

College

8 Declaration (Part 2) – To be completed by the Private Career College Official

I hereby certify that:

- The instructor/instructor assistant meets the requirements of Regulation 22 or Regulation 26. The candidate must also meet any other qualifications required by the program approval(s).
- I have verified that the information contained on this application, as well as supporting documentation.
- I will maintain on file, the complete application, plus supporting documentation.
- I understand that there may be periodic audits of private career colleges' files to ensure that all instructors and instructor assistants meet the requirements of the Act and Regulations.

A person who instructs the occupationally specific content of an occupation, skills, or scope of work subject to regulations made under the *Occupational Health and Safety Act* must be a "competent person" as defined in the *Workplace Health and Safety Regulations*, that is, the person in the workplace, and

- (i) Qualified because of their knowledge, training and experience to do the assigned work in a manner that ensures the health and safety of every person in the workplace, and
 - (ii) Knowledgeable about the provisions of the Act and regulations that apply to the assigned work, and about potential or actual danger to health or safety associated with the assigned work
- I confirm that the proposed candidate has been assessed and has been determined to be a competent person in their work for which the assigned course(s) provide(s) occupational-training.
 -

Name (please print)

Signature

Date (dd/mm/yyyy)