Ontario

OVERSIGHT FOR LEVEL 1 DUAL CREDIT PROGRAMS ATTESTATION

Ministry of Education

September 2025

OVERSIGHT FOR LEVEL 1 DUAL CREDIT PROGRAMS ATTESTATION

To be completed by College Training Delivery Agent (TDA)

College Name: _____

Trade Name and Code : _____

Name of Attestor: _____

Title : _____

Secondary School Name:	
Address:	
City:	Postal Code:
Tel:	
Secondary School Teacher:	
Teacher Email:	

I the undersigned, do attest that the secondary school above has the appropriate facilities and equipment to conduct Level 1 Apprenticeship In-Class training for the above trade adhering to the learning outcomes set out in the Apprenticeship Curriculum Training Standards, and that the teacher above has the appropriate qualifications to deliver the program.

In addition, I confirm that the information provided by me on this form is accurate and true.

Representative Signature_____ Date_____