



EASTERN ONTARIO STAFF DEVELOPMENT NETWORK  
SUPERVISORY OFFICER'S QUALIFICATION PROGRAM  
Application for Academic Admission

PLEASE PRINT OR TYPE (\*indicates required)

1. Name: \_\_\_\_\_  
Surname\* First Name\* Middle Name

2. OCT Membership #\*: \_\_\_\_\_ SIN\*: \_\_\_\_\_  
(required by CCRA for tax receipt T2202)

3. District School Board:\* \_\_\_\_\_

4. Current Email Address\* (workplace email preferred)

\_\_\_\_\_

5. Residential Address:\* \_\_\_\_\_

Street .

\_\_\_\_\_

City

Province

Postal Code

Home or Cell Telephone Number\* \_\_\_\_\_

6. Work Address:\* \_\_\_\_\_

Street .

\_\_\_\_\_

City

Province

Postal Code

Work Telephone Number (including extension):\* \_\_\_\_\_

**NOTE: Should the contact information provided above change, it is the responsibility of the candidate to provide updated information to EOSDN.**



## 7. Academic Admissions Information

Effective, September 1, 2023, the per module fee for the EOSDN Supervisory Officer’s Qualification Program is \$1,243.00 inclusive.

## 8. Administration Fee

The administration fee of \$250.00 will be applied for all new candidates who apply to the Program but do not enroll in one module.

## 9. Registration for Subsequent Modules

Once approved for admission into the Program, candidates are not required to complete separate registration forms to enroll in a module. Candidates need to contact EOSDN by email [eosdn@eosdn.on.ca](mailto:eosdn@eosdn.on.ca) or by telephone 613-533-6223 to register.

# RELEASE OF INFORMATION

By signing and submitting this application form, I understand that I am giving EOSDN permission to share the information included on the application and in accompanying documents with the SOQP Registrar, Program and Leadership Practicum Coordinators and the Ontario College of Teachers.

Applicant’s Signature	Date

*The Eastern Ontario Staff Development Network endeavours to evaluate all of an applicant’s qualifications to confirm that they meet the requirements for admission to the Supervisory Officer’s Qualification Program described under Ontario Regulation 176/10, section 35 (3) and (4).. EOSDN shall not, however, be responsible for any liability where the Ontario College of Teachers or the Ministry of Education declines to recognize the degree(s) or qualification earned by an applicant as being sufficient for acceptance into the Program.*



## ACADEMIC STATEMENT OF EXPERIENCE

A practicing Supervisory Officer who is in a position to confirm your experience is required to complete this official statement. Applicants must send this signed Statement of Experience with original signatures with a completed application form. All fields are required. Applicants must have five (5) years of successful teaching experience to be eligible to apply.

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Name of Supervisory Officer: \_\_\_\_\_  
(please print)

OCT#: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ has \_\_\_\_\_ years of successful teaching experience.  
Applicant's Name

Signature of Supervisory Officer	Date

Please complete all sections, attach payment (including the administration fee) and forward, along with **signatures** to:

Eastern Ontario Staff Development Network  
B137, Duncan McArthur Hall, Faculty of Education, Queen's University  
511 University Avenue  
Kingston, ON K7M 5R7  
(613) 533-6223 Fax: (613) 533-2816  
Email: eosdn@eosdn.on.ca