



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

PLEASE PRINT OR TYPE

1. Name: _____
Surname First Name Middle Name (optional)

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

3. Date of Birth _____

4. District School Board: _____

5. Email Address (workplace email preferred) _____

Cell Number _____

6. Residential Address: _____

Street .

City

Province

Postal Code

7. Work Address: _____

Street .

City

Province

Postal Code

Work Telephone Number (including extension): _____

8. Academic Admissions Information

Effective, September 1, 2023, the fee for the EOSDN Supervisory Officer's Qualification Program is \$6215.00 inclusive.

Candidates will pay \$1,243.00 (includes HST) for each module (including the Leadership Practicum). An invoice will be sent to candidates prior to the start of the modules. Payment may be made by etransfer.

9. 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.

10. 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 can contact Barb Fraser-Stiff, SOQP Registrar at bfs@queensu.ca or eosdn@eosdn.on.ca 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 a completed application form. All fields are required. Applicants must have five (5) years of successful teaching experience to be eligible to apply.

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 and forward to:

Bfs@queensu.ca or eosdn@eosdn.on.ca

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