



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

**PLEASE PRINT OR TYPE (\*indicates required)**

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

2. **Date of Birth\*:** \_\_\_\_\_          **SIN\*:** \_\_\_\_\_  
(required by CCRA for tax purposes 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. Business Admissions Information

The fee for the EOSDN Supervisory Officer's Qualification Program is \$5,644.35, inclusive. All applicants must enclose one payment of \$1,128.87 with their application.

Candidates will pay \$999.00 + HST (\$1,128.87) for each subsequent module (including the Leadership Practicum) upon registration for the module.

## 8. Administration Fee

An administration fee of \$250.00 must accompany each application for admission to the SOQP. A refund will be issued to accepted candidates who enroll in and complete one instructional module with EOSDN.

## 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 Ministry of Education for Ontario.

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 into the Supervisory Officer's Qualification Program as described in Ontario Regulation 309 s.2.1(1). EOSDN shall not, however, be responsible for any liability where the Ministry of Education declines to recognize the degree(s) or qualification earned by an applicant as being sufficient for acceptance into the Program.*



## BUSINESS STATEMENT OF EDUCATION AND 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 seven (7) years of successful of experience in business administration, including a minimum of three (3) years in a managerial role relevant to the role of a business supervisory officer to be eligible to apply.

Undergraduate University Degree: \_\_\_\_\_  
Name of University: \_\_\_\_\_

Master's Degree and/or other Professional Designation (e.g. C.A.) \_\_\_\_\_  
Name of University/Certifying Institution: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

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 Union Street  
Kingston, ON K7M 5R7  
(613) 533-6223 Fax: (613) 533-2816  
Email: eosdn@eosdn.on.ca