



7. Business Admissions Information

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

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.

8. 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 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