

Dear SOQP Candidate:

I am delighted that you are interested in the Catholic Community Delivery Organization's Supervisory Officers' Qualifications Program.

We offer a supervisory officer's course designed by supervisory officers for supervisory officers and delivered in partnership with OCSOA. Our program will provide you with an outstanding professional learning experience in the context of our Catholic education system and prepare you well to lead in our Catholic school boards in the 21st. century.

If you have any questions about our Supervisory Officers' Qualifications Program, please do not hesitate to contact myself at billgartland@ocsoa.ca or our Administrative Assistant at SOQPinfo@ocsoa.ca or by phone at 905-366-5725.

I welcome you to be involved in this exciting endeavour!

Sincerely,



Wm. J. Gartland
Program Director

APPLICATION FORM

PART A: GENERAL INFO / PERSONAL CONTACT INFO

Please ensure that this information is up-to-date for effective communication.

Name	
Ontario College of Teachers' #	
Home Address (provide Postal Code)	
Home Phone # Cell Phone #	() - () -
Board	
E-mail address (work)	
Work Phone #	() -
Panel	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Business
Social Insurance Number	- -

Note: For applications to be considered, all documentation, including original transcripts, must be received 6 weeks prior to start date of module.

The payment of the first Module and Practicum are both due at the start of the program. The fee for each subsequent Module is due 2 weeks prior to the beginning of each Module (post-dated cheques are preferred and should be submitted upon confirmation of acceptance to the program).

PART B: PROFESSIONAL CREDENTIALS - to be completed by Academic Applicants.

New applicants must complete the checklist and include ALL of the following items with your application package.

- The **original** Supervisory Officer's signature on the Professional Experience form (attached);
- An **original**, official university transcript for your Master's degree. Note: an acceptable Master's degree must be a 30-credit stand-alone program;
- A copy of your OCT Certificate of Registration or a recent printout of your OCT certificate of qualification (online version).
- For any university degrees or qualifications not posted on the OCT Certificate of Qualification, an official, original university transcript must be mailed to CCDO **directly** from the university. A copy is also to be sent to the Ontario College of Teachers.

All qualifications and degrees submitted by an applicant to the Supervisory Officers' Qualifications Program must be valid under the Ontario College of Teachers' Act and O. Reg. 176/10 as amended by O. Reg. 374/08, made under the Ontario College of Teachers' Act. The Catholic Community Delivery Organization will use its best efforts to evaluate all of the applicant's qualifications to ensure that they meet the requirements established by the Ontario College of Teachers and the Ministry of Education for admission to the Supervisory Officers' Qualifications Program. However, the Catholic Community Delivery Organization shall not be responsible or liable for any loss, claims, harm or damages whatsoever, including (without limiting the generality of the foregoing) any direct, indirect, incidental, special punitive or consequential damages, arising from or incurred or liability in circumstances where the Ontario College of Teachers exercises its discretion under O. Reg. 176/10 to refuse to recognize the degree(s) and/or qualifications earned by the applicant as sufficient for enrolment in the Supervisory Officers' Qualifications Program, even where the applicant has paid for and completed all or a portion of the program.

By signing below, I am confirming that all the information on this application is true.

Signature: _____

Date: _____

Submitting Your Application:

Completed application forms with appropriate documentation should be mailed or couriered to:

Bill Gartland, Program Director
Catholic Community Delivery Organization
730 Courtneypark Dr. W.
Mississauga, Ontario
L5W 1L9

PART C-1: PROFESSIONAL EXPERIENCE – to be completed by Academic Applicants.

New applicants to the SOQP **must** obtain an **original** Supervisory Officer’s signature verifying years of experience and mail with the application.

To be completed by the Supervisory Officer:

A candidate must have at least 5 years of successful classroom teaching experience in a school providing elementary or secondary education.

Applicant’s total number of years teaching experience: _____

Applicant’s total number of years Vice-Principal: _____

Applicant’s total number of years Principal experience: _____

Name of Supervisory Officer (print) _____

Supervisory Officer’s OCT Number: _____

Board: _____ Tel. _____

Signature: _____ Date: _____

To be completed by applicant:

NAME: _____ **OCT #** _____

1. Ontario Teacher Qualifications

Title	Date

2. University Degrees

University	Date
Undergraduate:	
M. Ed.:	
Other:	

3. Other Professional Qualifications

Principal’s Qualifications held:	Date
Other acceptable experience as indicated in Reg. 176	

4. Total number of years teaching (including Administration) _____

Signature of Applicant: _____ Date: _____

3rd. PARTY PERMISSION

I, _____
(name of Academic Applicant)

candidate in CCDO's Supervisory Officers' Qualifications Program, give the Program Director for SOQP, permission to discuss my transcript(s) and qualifications with the Ontario College of Teachers.

Signed _____

Date: _____

PART C-2: PROFESSIONAL EXPERIENCE – to be completed by Business Applicant

New applicants to CCDO’s SOQP must complete the checklist and include all items below with application package.

1. A detailed **original** letter from board director/head of company indicating current job title, specific dates in role, detailed responsibilities and evidence of managerial experience in role relevant to the role of business supervisory officer.
2. An **original** official undergraduate university degree transcript is to be sent directly from the university to CCDO, attention: Bill Gartland, Program Director
3. An **original** official master’s degree transcript is to be sent directly from the university to CCDO, attention: Bill Gartland, Program Director

OR

- An **original** letter from organization indicating certification and member status for one of the following:
- Architect Professional Engineer Lawyer
 - Professional Planner Chartered Accountant
 - Certified General Accountant Certified Human Resources Professional
 - Certified Management Accountant

4. An **original** official transcript for the School Board Management Program is to be sent from the university to CCDO, Attention: Bill Gartland, Program Director

OR

- The **original** completed Attestation Form for Requesting ‘School Board Management Program’ Equivalency is enclosed (attestation forms can be found on-line at: http://www.principals.ca/documents/Attestation%20Form_June09.pdf)

All qualifications and degrees submitted by an applicant to the Supervisory Officers’ Qualifications Program must be valid under the Ontario College of Teachers’ Act and O. Reg. 176/10 as amended by O. Reg. 374/08, made under the Ontario College of Teachers’ Act. The Catholic Community Delivery Organization will use its best efforts to evaluate all of the applicant’s qualifications to ensure that they meet the requirements established by the Ontario College of Teachers and the Ministry of Education for admission to the Supervisory Officers’ Qualifications Program. However, the Catholic Community Delivery Organization shall not be responsible or liable for any loss, claims, harm or damages whatsoever, including (without limiting the generality of the foregoing) any direct, indirect, incidental, special punitive or consequential damages, arising from or incurred or liability in circumstances where the Ontario College of Teachers exercises its discretion under O. Reg. 176/10 to refuse to recognize the degree(s) and/or qualifications earned by the applicant as sufficient for enrolment in the Supervisory Officers’ Qualifications Program, even where the applicant has paid for and completed all or a portion of the program.

By signing below, I am confirming that all the information on this application is true.

Signature: _____

Date: _____

3rd. PARTY PERMISSION

I, _____
(name of Business Applicant)

candidate in CCDO's Supervisory Officers' Qualifications Program, give the Program Director for SOQP, permission to discuss my transcript(s) and qualifications with the Ministry of Education.

Signed _____

Date: _____