

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 21<sup>st</sup>. century.

If you have any questions about our Supervisory Officers' Qualifications Program, please do not hesitate to contact myself at [billgartland@ocsoa.ca](mailto:billgartland@ocsoa.ca) or our Administrative Assistant at [SOQPinfo@ocsoa.ca](mailto: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 by **April 30.**

Candidates are expected to take the program as outlined with their cohort; modules may be taken out of order only in exceptional cases with permission of the Program Director.

The fee for each Module is \$1125 and 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). The fee for the Practicum is \$1125 also, and the post-dated cheque is due for the end of August of the year beginning training.

## **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: \_\_\_\_\_

### 3<sup>rd</sup>. 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:

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Architect                       | <input type="checkbox"/> Professional Engineer                  | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Professional Planner            | <input type="checkbox"/> Chartered Accountant                   |                                 |
| <input type="checkbox"/> Certified General Accountant    | <input type="checkbox"/> Certified Human Resources Professional |                                 |
| <input type="checkbox"/> 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](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: \_\_\_\_\_

### 3<sup>rd</sup>. 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: \_\_\_\_\_