

PRINCIPAL'S QUALIFICATION PROGRAM SUPERVISORY OFFICER'S SIGNATURE

I certify that _____ has completed a minimum of five (5) years successful teaching experience in a school providing elementary or secondary education following his/her certification and prior to **July 7, 2020**

****SIGNATURE OF SUPERVISORY OFFICER:** _____

****Print Name:** _____

****Superintendent Ontario College of Teachers Reg. #:** _____

****Board:** _____

****Telephone:** _____

****Date:** _____

****This section should be filled out in full by the Supervisory Officer (Superintendent)**

Application Check List

For Candidate's Use

1. Personal information has been completed in full, including a valid e-mail address.
2. A supervisory officer has signed my registration form, certifying the total number of years of teaching experience I have gained. (Part 1 only)
3. Fee Payment is completed.
4. A copy of my current Ontario Teacher Certificate of Qualification is enclosed.
5. I have requested an official transcript for all University courses/degree not shown on my current Ontario Teacher Certificate of Qualification be sent to the Catholic Principals' Council of Ontario and the Ontario College of Teachers.
6. An acknowledgement of additional qualification/degree letter from the Ontario College of Teachers is enclosed which confirms that I have successfully completed any professional qualifications not shown on my current Ontario Teacher Certificate of Qualification. (e.g. Primary, Junior, Intermediate or Senior division, Specialist Qualifications, or other additional basic qualifications, PQP Part 1)
7. A copy of my Practicum Report signed by the Practicum Coordinator is enclosed, or will be forwarded to CPCO a minimum of one week prior to the start of the course. (Part 2 only)
8. Application Checklist is enclosed.

Applicant's Signature: _____ Date: _____