



PRINCIPAL'S QUALIFICATION PROGRAM
Course Instructor Application Form

Part A: Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
Social Insurance Number: _____ Ontario College of Teachers # _____
Address to which all correspondence should be forwarded:
Street: _____ Apt /Unit: _____
City: _____ Province: _____ Postal Code: _____
Tel: [home] () _____ [work] () _____ E-mail: _____
Name of School (or office): _____
Panel: Elementary Secondary District School Board: _____

Part B: Professional Qualifications and Experience

Divisional Areas of Concentration:

Primary Junior Intermediate Senior

Specialist Qualifications:

1. _____ 2. _____
3. _____ 4. _____

Date of Completion of Principal's Qualifications: _____

Do You Hold Supervisory Officer Qualifications? Yes (Year): _____ No



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Part C: Academic Qualifications

	Degree	Date Conferred	University	Major
1.				
2.				
3.				

Part D: Experience as a Principal

Number of Years as Principal: _____

Part E: Evidence of life-long learning

(workshops, conferences, courses, mentoring/coaching experiences)

Topic	Date	Description

Part F: Evidence of leading adult learning

Topic	Date	Description



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Part G: Identify educational articles and books read recently

Title	Author	Description

Part H: Experience using computer technology for communication and learning

Part I: Please articulate your vision for Catholic education leadership in 200 words or less



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Office Use Only:

Date Received: _____ Reviewed by: _____

Receipt Confirmation Letter Sent on: _____ Interview Granted: Yes No

Interview Date: _____ Position Offered: Yes Position Accepted Position Declined

Notes:

Please email your completed form to Vanessa Kellow at vkellow@cpc.on.ca