

# PRINCIPAL'S QUALIFICATION PROGRAM (PQP I)

Faculty of Education, University of Ottawa

## Application for Admission

Applicants must submit all required documents. Confirmation of admission will be sent by e-mail.  
Incomplete files will be returned to the applicant unprocessed.

Please indicate which session and year.

SESSION  Spring 200\_\_  Summer 200\_\_  Fall 200\_\_  Winter 200\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

University of Ottawa Student N° (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OCT Membership N°: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Work / School Name: \_\_\_\_\_

Elementary  Secondary  Other

Work Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Board: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Send your completed application form with a cheque or money order for \$900 (\$50 non-refundable) no later than the deadline indicated on the website and all required documents to:

### Academic Secretariat

Principal's Qualification Program (PQP, Part I)

Faculty of Education

University of Ottawa

145 Jean-Jacques-Lussier Street

Ottawa ON K1N 6N5

Telephone: (613) 562-5804

Fax: (613) 562-5963

E-mail: educprog@uottawa.ca

### The following documents must be included:

1. Proof of undergraduate degree: Degree \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_
2. Ontario Teaching Certificate
3. Qualification to teach in three divisions:  
 Primary  Junior  Intermediate (required)  Senior
4. Proof of one of the following outlined on your OCT Certificate of Qualification **or** by OFFICIAL transcript:  
 Two Specialist or Honour Specialist qualifications **or**;  
 Half of the courses required to complete a Master's degree (letter and transcript required from institution) **and** one specialist or Honour Specialist qualification **or**;  
 Master's or Doctorate degree.
5. Five (5) years of successful teaching experience as certified by the appropriate **supervisory officer/official**:  
Number of years in Ontario: \_\_\_\_\_ Number of years outside Ontario: \_\_\_\_\_  
Name of supervisory officer (please print): \_\_\_\_\_  
Title: \_\_\_\_\_ Signature of supervisory officer: \_\_\_\_\_  
School Board: \_\_\_\_\_ Date: \_\_\_\_\_
6. Proof of qualifications not listed on the OCT Certificate of Qualification.
7. The "Conditional Admission to PQP, Part I form", for the \_\_\_\_\_ prerequisite presently being completed.