



CAEDHH Professional Certification Application

Name and Contact Information

Name:					
	(Surname)		(lı	nitials)	(First Name)
Address:					
		t/PO Box)	(Postal Code)		
	(City/Town)			(Province/Territory)	
Telephon	e (Voice/TTY):	(Home)		(Work)	
<u>Applicant</u>	<u>Information</u>				
	Check one:	Ms Mrs	Mr	_ Dr.	
	Name (as it is to	appear on cer	tificate): _		

CAEDHH welcomes graduates of Teacher Education Programs (Deaf/Hard of Hearing) outside of Canada. More in-depth information may be required in order to obtain CAEDHH Certification. Please contact the Chair of the Certification Committee for a preliminary discussion of your application before beginning the application process.





Evidence for Certification

A. Undergraduate Degree	•		
Name and Location	Degree Obtained	Years	_
Name and Location	Degree Obtained	Years	_
B. Teacher Preparation P	rogram (Deaf/Hard of Hearing)		
Name and Location	Degree or Certifications Obtained	Years	Full/Part
Teacher Educator (CAI	f attainment of all CAEDHH requirements is atta EDHH Certified). See the sample wording at the riences (hours, teaching and supervision	ne end of this ap	
Requirements			
minimum 10-week	tion for the <i>initial</i> training of specialized teach (400-hour) professionally supervised, full-time (direct engagement with students). The pra	me, face-to-face	
the Standards for requirements mus	must be supported with evidence as listed b more detailed information). <i>NOTE</i> : Any varia t be described and explained in a detailed let certified director of the teacher preparation	tion of the above tter with rationa	е
	ed from a Canadian Program and my placement denced in the documents attached.	ts meet the Pract	icum
	nents vary from the requirements and an attach is those placements.	ed detailed letter	with





Practicum Placement Description

Please attach placement descriptions to this application. <u>Each individual placement</u> must be fully described and list the following information:

- Dates of Placement
- Number of hours or weeks
- Name of setting
- Setting Description/Teaching Learning Environment
- Student Teacher responsibilities
- Mentor Teacher in the setting, including name, position and qualifications
- University Teacher (Program) supervisor (including name, position and qualifications)

Signature for Submission of Completed Application

By signing below I acknowledge that I have successfully completed a program in the education of deaf and hard of hearing children, which meets the standards established by CAEDHH.

Name of applicant:	
Signature of applicant:	
Date of submission:	





Certification Fees

- (a) \$75.00 CAEDHH Members
- (b) \$125.00 Non-members

GROUP APPLICATION

Groups of five or more recent (within the past two years) graduates of a Teacher of the Deaf and Hard of Hearing Training Program may submit a Group Application and will receive both CAEDHH Professional Certification and a one year CAEDHH membership.

(a) \$75.00 per applicant

To qualify for this financial incentive the Application Forms for the group must be submitted together in one envelope.

Please send completed application forms and attachments to:

Susan Sanger, CAEDHH Certification Committee Chair 2919 Collens Hill Road West Kelowna, British Columbia V1Z 1P6 Canada





Application Checklist for Attachments

All su	ıbmissions must include:
1.	Completed and signed application form
2.	Cheque for Certification Fees
If you	currently hold a previously issued Interim Certification:
3.	Copy of Interim Certificate; no additional paperwork is required
curre	are applying for CAEDHH Professional Certification and you do not ntly hold a previously issued Interim Certification the following mentation is required with this application:
3.	Official transcript(s) from all undergraduate degree(s)
4.	Official transcript(s) from a teacher preparation program for the Deaf and Hard of Hearing
5.	Appropriate verification letter(s) from Supervisors for both course completion and practicum
	cklist for Additional Attachments quired when coursework and placements vary from the requirements.
1.	Detailed rationale with evidence of outside coursework is attached and signed by the CAEDHH certified director of the teacher preparation program if there is any variation in coursework
2.	Detailed rationale from the CAEDHH certified director of the teacher preparation program if there is any variation in practicum requirements
3.	Information on additional placements for practicum, if applicable





<u>Sample Letter for Verification of Having Attained All CAEDHH Certification</u> <u>Requirements</u>

Name of applicant:					
This will certify that the above named applicant has satisfactorily met a prerequisites and program requirements for CAEDHH Professional Ce accordance with CAEDHH Standards (2009), and is hereby recommer certification.	rtification in				
If the applicant has obtained some requirements outside of our Teacher Education (D/HH) Program, I have attached a letter detailing the rationale, the other sources of learning, and accomplishment.					
Director's Signature:					
Institution:					
Date:					