



# **Certification Application**

## Name and Contact Information

(Surname)		(Initials)		(First Name)	
			(Str	eet/PO Box)	
(City/Town)		_	(Province/Territory)		(Postal Code)
e (Voice/TTY): _					
FAX:	-	-		(Work)	
Email:					
<u>Information</u>					
Check one: _	Ms	Mrs	Mr	Dr.	
Name (as it is	to appea	ır on certi	ficate):		
	(City/To	(Surname)  (City/Town)  e (Voice/TTY):(H  FAX: Email: Information Check one: Ms	(Surname)  (City/Town)  e (Voice/TTY):(Home)  FAX: Email:  Information Check one: Ms Mrs	(Strame) (Strame) (City/Town) (Provide (Voice/TTY):	(Surname) (Initials) (Street/PO Box) (City/Town) (Province/Territory)  e (Voice/TTY): (Home) (Work) FAX: Email:

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.





# **Certification Requested (Interim or Permanent)**

## Requirements

June; this often i academic year. E Requirements for	od of post-degree specialized (D/HH) training to practicum is usually one full academic year, Secondly and action is usually one full academic year, Secondly action in the studies at quivalent part-time and online coursework is a secondly actional to the secondly action in the students who are deaf or t	september through both ends of the also acceptable. I two years of	<b>)</b>
Interim Certificati	on		
	ccessfully completed a Teacher Education Progra acticum experiences meet the standards establis		
Permanent Certif	cation		
meets the standard	ccessfully completed a Teacher Education Prograds established by CAEDHH and I have completed in a program for students who are deaf and/or h	d at Ìeast two yea	
ence for Interim Certifi	<u>cation</u>		
	k (ALL Official Transcripts must be attach	ed)	
Education Course Wor	k (ALL Official Transcripts must be attach	Years	_
Education Course Wor  A. Undergraduate Degre	k (ALL Official Transcripts must be attach	·	-
Education Course Wor  A. Undergraduate Degre  Name and Location  Name and Location	k (ALL Official Transcripts must be attach e  Degree Obtained	Years	-

A letter of verification of attainment of all CAEDHH requirements is attached and signed by a Supervising Teacher Educator (CAEDHH Certified). See the sample wording at the end of this application.





## 2. Teaching Practicum Experiences (hours, teaching and supervision experiences)

#### Requirements

CAEDHH certification for the *initial* training of specialized teachers requires a minimum 10-week (400-hour) professionally supervised, full-time, face-to-face teaching practicum (direct engagement with students). The practicum must be fully documented.

The requirements must be supported with evidence as listed below. (Please read the Standards for more detailed information). *NOTE*: Any variation of the above requirements must be described and explained in a detailed letter with rationale from the CAEDHH certified director of the teacher preparation program.

I graduated from a Canadian Program and my placements meet the Practicur requirements as evidenced in the documents attached.	m
My placements vary from the requirements and an attached detailed letter wit a rationale describes those placements.	th

#### **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)

## **Verification of Teaching Experience for Permanent Certification**

A letter of reference, on letterhead, must accompany this evidence and it must be signed by an appropriately qualified supervisor, recommending Permanent Certification based on at least two years' teaching performance. The letter must contain:

- Name of School(s)
- Address of School(s)
- Period(s) of Service
- Telephone Number(s)
- Type of Program(s)





# **Signature for Submission of Completed Application**

I am submitting this completed and signed application for CAEDHH Certification with all attachments.

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

## **Certification Fees**

#### **Interim Certification**

- (a) \$15.00 CAEDHH Members
- (b) \$45.00 Non-members

#### **Permanent Certification**

- (a) \$25.00 CAEDHH Members
- (b) \$75.00 Non-members

#### Please make cheques payable to:

**CAEDHH** 

## 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 Check List for Attachments (all are required)**

1.	Official transcript(s) from all undergraduate degree(s)
2.	Official transcript(s) from a teacher preparation program for the Deaf and Hard of Hearing
3.	Completed and signed application form
4.	Appropriate verification letter(s) from Supervisors for both course completion and practicum
5.	Check enclosed
Application Chec	ck List for Additional Attachments
• These are red	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
Application Chec	k List for Additional Attachment (needed for Permanent Certification)
1.	A letter of reference from the Director, Principal, or Supervisor of a recognized program for the Deaf and Hard of Hearing attesting to two (2) years of successful teaching experience and recommending Permanent Certification





# Sample Letter for Verification of Having Attained All CAEDHH Certification Requirements (Interim)

Name of applicant:	_
This will certify that the above named applicant has satisfactorily met prerequisites and program requirements for Interim Certification in ac CAEDHH Standards (2009), and is hereby recommended for certification	cordance with
If the applicant has obtained some requirements outside of our Teach (D/HH) Program, I have attached a letter detailing the rationale, the or learning, and accomplishment.	
Director's Signature:	_
Institution:	_
Date:	_