



Canadian Association of Educators of the Deaf and Hard of Hearing



Teaching Experience:

1) Name of School: _____
Period of Service: _____
Address of School: _____

(Street/PO Box)

(City/Town)

(Prov/Terr.)

(Postal Code)

Telephone: _____

Type of Program: _____

Supervisor Signature: _____

Position of Supervisor: _____

Date: _____

2) Name of School: _____
Period of Service: _____
Address of School: _____

(Street/PO Box)

(City/Town)

(Prov/Terr.)

(Postal Code)

Telephone: _____

Type of Program: _____

Supervisor Signature: _____

Position of Supervisor: _____

Date: _____

3) Name of School: _____
Period of Service: _____
Address of School: _____

(Street/PO Box)

(City/Town)

(Prov/Terr.)

(Postal Code)

Telephone: _____

Type of Program: _____

Supervisor Signature: _____

Position of Supervisor: _____

Date: _____



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Application form must be accompanied by:

- Official transcript(s) from a training program for the Deaf and hard of hearing.
- A letter 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 (if applicable).
- Applicable fees.

CERTIFICATION FEES:

PERMANENT CERTIFICATION:

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

INTERIM CERTIFICATION:

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

PLEASE MAKE CHEQUES PAYABLE TO:

CAEDHH

PLEASE SEND COMPLETED APPLICATION FORMS TO:

**Nancy Norman, CAEDHH Certification Committee
Faculty of Education
University of British Columbia
2125 Main Mall
Vancouver, BC
V6T 1Z4**