



POPARD

Helping Schools Help Students

www.autismoutreach.ca

Provincial Outreach Program for Autism and Related Disorders

4746 57th Street, Delta, BC V4K 3C9

Tel: 604-946-3610 Fax: 604-946-2956

CONFIRMATION OF EMPLOYMENT

Course tuition is waived for employees of a BC school district or independent school only.

This option requires confirmation of employment within your district or school. Please obtain an authorizing signature from a POPARD District Partner, or your School District's Special Services Director, Human Resources Coordinator, or School Principal.

COURSE REGISTRANT'S INFORMATION:

NAME (PLEASE PRINT)

SCHOOL DISTRICT (Or Independent)

POSITION

COURSE INFORMATION:

ASD

ABA-01

ASDOL

COURSE DATE

AUTHORIZING SIGNATURE INFORMATION:

NAME (PLEASE PRINT)

SCHOOL DISTRICT (Or Independent School)

POSITION

SIGNATURE

DATE

IMPORTANT: The course registration process is not complete until the signed Confirmation of Employment (COE) form and the administration fee payment has been received by POPARD.

Please scan and email the PDF file to training_lib@autismoutreach.ca after you have had the form filled out and signed by an authorized person. Please name the file as:

"FirstnameLastnameCOE"

All forms received directly from a scanner-to-email or other third-party sources will be automatically rejected. The participant attending the course must email the form from the same email used to register to the course.

All forms received that are named incorrectly will be automatically rejected. DO NOT submit forms with the default coded file names that a scanner automatically creates. Please name the file appropriately as indicated above.