



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

This form is for employees of BC school districts or BC independent schools.

Complete this form to confirm that you are employed by a BC school district / BC independent school.

You will need an authorizing signature from your: **POPARD District Partner, School District's Special Services Director, Human Resources Coordinator, or School Principal.**

COURSE REGISTRANT INFORMATION:

NAME OF COURSE REGISTRANT (PLEASE PRINT)

SCHOOL DISTRICT (Or Independent School Name)

TITLE/POSITION

COURSE REGISTERED FOR:

☐

ASD/ASD FLEX

☐

ABA-01

☐

ASDOL

COURSE START DATE

AUTHORIZING SIGNATURE INFORMATION (see list at top of form):

NAME OF AUTHORIZING PERSON (PLEASE PRINT)

SCHOOL DISTRICT (Or Independent School Name)

TITLE/POSITION

SIGNATURE

DATE

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

1. Complete this form and have authorized person sign it (see list of authorized persons at top)
2. Scan the signed, completed form and save it as a PDF file (**use this naming format: LastnameFirstnameCOE** Example: *SmithJohnCOE.pdf*)
3. Email the *correctly-named* PDF file* to training_lib@autismoutreach.ca

**DO NOT send your document with the default file name created by your scanner, it may get rejected as junk/spam. Instead, rename the file as requested above e.g. SmithJohnCOE.pdf*