

**CERTIFICATION OF TEACHING EXPERIENCE FORM  
FOR PART 2 & SPECIALIST  
ADDITIONAL QUALIFICATION COURSES**

**All teaching experience must be:**

- Accumulated while holding teacher certificate in the jurisdiction where the experience was acquired. Teaching experience accumulated during expired/suspended time periods cannot be counted.
- Certified by an academic supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario. \*For a teacher employed by a district school board in Ontario, the academic supervisory officer is a superintendent or assistant superintendent of the board. A Principal's signature does not satisfy this requirement.

Name: \_\_\_\_\_

Ontario College of Teachers Number: \_\_\_\_\_

Session: \_\_\_\_\_ Year: \_\_\_\_\_

Course: \_\_\_\_\_

Applicant has applied for: (Please check)             Part 2             Specialist

**PART 2 COURSE – SUPERVISORY OFFICER'S CERTIFICATION**

I certify that the applicant named above has successfully completed at least one (1) school year (194 days) of successful teaching experience prior the beginning of the course session.

Name of Supervisory Officer: \_\_\_\_\_

Title: \_\_\_\_\_

**Signature of Supervisory Officer:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

School Board: \_\_\_\_\_

**SPECIALIST COURSE – SUPERVISORY OFFICER'S CERTIFICATION**

I certify that the applicant named above has successfully completed at least two (2) school years (388 days) of successful teaching experience, including at least one school year (194 days) of experience in the subject listed above, prior the beginning of the course session.

Name of Supervisory Officer: \_\_\_\_\_

Title: \_\_\_\_\_

**Signature of Supervisory Officer:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

School Board: \_\_\_\_\_