

Confirmation of Successful Teaching Experience Form

Please note completed forms must be submitted electronically by uploading a digital copy to the dropbox in the course

Section A: To be complete by applicant

Personal Information

Name of Applicant: _____ OCT Registration No.: _____

Email Address: _____

Program Information

Course Title: _____ Part 2 Part 3

Session: Winter Spring Summer Fall Year: _____

Section B: To be complete by the Supervisory Officer

All teaching experience must be:

- From the date of initial certification in Ontario
- Certified by an academic supervisory officer. **A principal's signature is not acceptable.** For a teacher employed by a district school board, the academic supervisory officer is a superintendent or assistant superintendent of the board.

PART 2 COURSE

I certify that the applicant named above has successfully completed one year of teaching experience subsequent to teacher's certification.

Name of Supervisory Officer: _____

Title _____

Signature of Supervisory Officer: _____

Name of School Board: _____ Date: _____

PART 3 COURSE

I certify that the applicant named above has successfully completed two years of teaching experience subsequent to teacher's certification.

Name of Supervisory Officer: _____

Title _____

Signature of Supervisory Officer: _____

Name of School Board: _____ Date: _____