



**TEACHER FORMATION PROGRAM  
CERTIFICATION OF TEACHING EXPERIENCE FORM  
FOR ADDITIONAL QUALIFICATION COURSES**

Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Where Employed: \_\_\_\_\_

Board Where Employed: \_\_\_\_\_

Course Applied For: \_\_\_\_\_

Applicant Has Applied For:  Part 2  Specialist Session:  Fall  Winter  Spring  Summer

**For this purpose a Supervisory Officer is defined as follows:**

(a) For a teacher employed by a **District School Board of Education**, this person is a Superintendent or Assistant Superintendent of the District. A Principal's signature does not satisfy this requirement.

(b) For a teacher employed by a **private school**, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does not satisfy this requirement.

**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.

\_\_\_\_\_  
Name of Supervisory Officer (please print) Signature of Supervisory Officer Title of Supervisory Officer

\_\_\_\_\_  
Date Name of School Board Telephone Number

**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 religious education or religious education taught in an integrated format in a Catholic school where the applicant demonstrates that she or he has planned and implemented instruction, and evaluated students using approved curriculum policy documents related to religious education – see OCT Memo 30 August 2012, "Successful Teaching Experience for Additional Qualifications."

\_\_\_\_\_  
Name of Supervisory Officer (please print) Signature of Supervisory Officer Title of Supervisory Officer

\_\_\_\_\_  
Date Name of School Board Telephone Number