SUPERVISORY OFFICER'S FORM

Certification of Teaching Experience

The Office of Professional Learning, Faculty of Education
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This form may be faxed or emailed original not required

SECTION A: TO BE COMPLETED BY CANDIDATE

Completion of this form is mandatory – Please ensure all sections are completed, incomplete forms cannot be processed.

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER ☐☐☐☐☐☐

DATE OF BIRTH (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PROGRAM INFORMATION

COURSE TITLE: _____

PROGRAM CODE: _____
(please double check the program code)

FIRST DAY OF CLASS: (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

SESSION: ☐ WINTER ☐ SPRING ☐ SUMMER ☐ FALL

YEAR: _____

SECTION B: TO BE COMPLETED BY THE SUPERVISORY OFFICER

PART 2 COURSES

Teaching experience includes experience from multiple settings, short-term assignments, accumulated experience in various classes and experience from different school boards.

Supervisory Officer's Certification:
I certify that the applicant named above has successfully completed **one year** (194 days) of certified teaching experience by the first day of the course, subsequent to teacher's certification.

If less than 1 year, number of days_____

NAME OF SUPERVISORY OFFICER (please print)

SIGNATURE OF SUPERVISORY OFFICER

TITLE OF SUPERVISORY OFFICER

DATE

NAME OF SCHOOL BOARD

PART 3 & HONOUR SPECIALIST COURSES

Teaching experience includes teaching the subject in an integrated format within another curriculum area with demonstrated experience in planning, developing, implementing instructional plans and assessing/ evaluating students.

Supervisory Officer's Certification:
I certify that the applicant named above has successfully completed **two years** certified teaching experience in by the first day of the course, subsequent to teacher's certification including **one year** of experience in the specialized subject area.

If less than 2 years, number of days_____

NAME OF SUPERVISORY OFFICER (please print)

SIGNATURE OF SUPERVISORY OFFICER

TITLE OF SUPERVISORY OFFICER

DATE

NAME OF SCHOOL BOARD

PQP PART 1 COURSE

Teaching experience includes experience from multiple settings, short-term assignments, accumulated experience in various classes and experience from different school boards.

Supervisory Officer's Certification:
I certify that the applicant named above has successfully completed **five years** certified teaching experience subsequent to teacher's certification.

If less than 5 years, number of days_____

NAME OF SUPERVISORY OFFICER (please print)

SIGNATURE OF SUPERVISORY OFFICER

TITLE OF SUPERVISORY OFFICER

DATE

NAME OF SCHOOL BOARD

NOTES

Supervisory Officer is defined as follows:

- 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.
- 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.

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