CONFIRMATION OF TEACHNG EXPERIENCE FORM

Applicant’s Name: ___________________________ OCT #: _______________________

School and School Board: _________________________________________________________

Part 2: Course Applied for: ________________________________________________________

Part 3: (Specialist) or Honour Specialist Course in: _________________________________

TO BE COMPLETED BY THE SUPERVISORY OFFICER*

Part 2 Course:
I certify that the applicant named above has successfully completed one year (194 days) of
teaching experience subsequent to certification by the Ontario College of Teachers

Part 3 (Specialist) or Honour Specialist Course:
I certify that the applicant named above has at least two years of successful teaching
experience subsequent to becoming certified to teach in Ontario, and has taught the subject
listed above for at least one year (194 days).

_________________________________   _________________   __________
Signature of Supervisory Officer       Title of Supervisory Officer        Date

_________________________________   ________________________________   __________
Name of Supervisory Officer (please print)   School Board       Phone

*For a teacher employed by an Ontario board of education, the supervisory officer is a superintendent
or assistant superintendent of the board. A principal’s or school head’s signature cannot be accepted.

For a teacher employed by an independent or First Nations school, the supervisory officer (e.g.
Education Officer) is the Ministry of Education and training official appointed to provide supervisory
services for the school.

Applications to Part 2, Part 3 (Specialist), Honour Specialist courses are not complete, and will not be
processed, without this form. The Office of Continuing Teacher education must receive this form by fax
or regular mail, signed by an appropriate supervisory officer, before the registration deadline.