



SUPERVISORY OFFICER'S FORM

Certification of Teaching Experience

The Office of Research and Professional Development, Faculty of Education
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This form may be faxed; 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 (from your Certificate of Qualification)

DATE OF BIRTH (OCT requirement): (MM/DD/YYYY) / /

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PLEASE INDICATE SESSION AND YEAR: _____ (year) Winter Spring Summer Fall

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

PROGRAM INFORMATION

COURSE TITLE: _____

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

SECTION B: TO BE COMPLETED BY THE SUPERVISORY OFFICER

- Part 2 course**
I certify that the applicant named above has successfully completed **one year** of certified teaching experience by the first day of the course, subsequent to teacher's certification.
- Part 3 Specialist or Honour Specialist course**
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.
- Principal's Qualification Program (PQP, Part 1)**
I certify that the applicant named above has successfully completed **five years** certified teaching experience subsequent to teacher's certification including.

Name of Supervisory Officer (please print)

Date

Title of Supervisory Officer

School Board

Signature of Supervisory Officer

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.

NOTICE OF COLLECTION: Personal information is collected under the authority of Freedom of Information and Protection of Privacy Act (FIPPA) and The York University Act, 1965 for educational, administrative and statistical purposes and will form part of the candidate record at the Faculty of Education. If you have questions about the collection, use and disclosure of personal information by the Faculty of Education, please contact the Manager, Professional Development, Faculty of Education, 4700 Keele Street, Toronto, ON, M3J 1P3; Tel: 416-736-5003