

CONFIRMATION OF TEACHING EXPERIENCE FORM

Applicant Name: _____

OCT#: _____

Queen's Student # (if applicable): _____

Please select your course type:

- Part 2
- Part 3 or Honour Specialist (Subject area): _____

To be completed by: Superintendent, Assistant Superintendent, Director or Assistant Director of Education or a MoE Official.

Part 2 Course: I certify that the applicant named above has successfully completed one year (194 days) of teaching experience since becoming a certified teacher.

Part 3 or Honour Specialist Course: I certify that the applicant named above has successfully completed two years (388 days) of teaching experience since becoming a certified teacher, one of which is in the subject area named above. In the case of Special Education, the required year of teaching experience in the subject does not have to be in segregated special education classroom.

NAME OF SUPERVISORY OFFICIAL: _____

TITLE: _____

SCHOOL BOARD: _____

SIGNATURE: _____ DATE: _____

* The Ontario College of Teachers defines "Supervisory Official" as the Superintendent or Assistant Superintendent of the school board for a teacher employed by a Board of Education. A principal or headmaster is not recognized in this capacity. For a teacher employed by a private school, the "Supervisory Official" is the Ministry of Education Official (Education Officer) appointed to your school. For overseas experience the appropriate Supervisory Official is the person your principal reports to.

Email your completed form to cedmail@queensu.ca. An original is not required.

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The personal information collected on this form is done under the legal authority of the Royal Charter of 1841, as amended, and the Ontario College of Teachers Act. This information will be used for registration purposes at Queen's University and the Ontario College of Teachers. Questions or concerns about the information collected or how it will be used can be directed to the Dean of Education at (613) 533-6210.