

SECTION 1: TO BE COMPLETED BY THE APPLICANT

Legal Name: _____

OCT #: _____ Queen's Student # (if applicable): _____

Email Address: _____ Phone Number: _____

- 1) By signing below, you confirm that you have acquired 5 years (970 days) of teaching experience since becoming an OCT-Certified teacher.

Candidate Signature_____
Date

- 2) Send this form to your Supervisory Official for confirmation of teaching experience.

The Ontario College of Teachers defines a "Supervisory Official" as the Superintendent/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 verification of overseas teaching experience, the appropriate Supervisory Official to confirm this is the person a teacher's principal reports to.

SECTION 2: TO BE COMPLETED BY A SUPERVISORY OFFICIAL *

Name: _____

Title: _____

School Board: _____

Phone Number: _____ City/Town: _____

I certify that I have confirmed this experience with the individual to whom the applicant reports. By signing this form, I certify that the above-named applicant meets the teaching experience requirements indicated above.

Signature: _____ Date: _____

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EMAIL THIS COMPLETED FORM TO CEDMAIL@QUEENSU.CA | ORIGINAL NOT REQUIRED

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.