



PQP Certificate of Teaching Experience Form

Applicant: _____

OCT #: _____

Session Start Date: _____

Brock Student # (optional) _____

NOTES

1. For this purpose, a Supervisory Officer is defined as follows:
 - (a) For a teacher employed by a School Board, the Supervisory Officer is a Superintendent or Assistant Superintendent of the Board. A Principal or headmaster’s signature does not satisfy this requirement.
 - (b) For a teacher employed by a district school board, the academic supervisory officer is a superintendent or assistant superintendent of the board. For a teacher employed by a private school or First Nations Education Authority, the supervisory officer is the Ministry of Education official appointed to provide supervisory services for the school authority.
2. Teaching experience **MUST BE COMPLETED** from the date of initial teacher certification and by the first day of the course.

PRINCIPALS QUALIFICATION PROGRAM PART 1

Supervisory Officer’s Certification

I certify that the applicant named above has completed at least 5 years (970 days) of successful teaching experience since becoming an OCT-certified teacher.

Print Name of Supervisory Officer:

Title of Supervisory Officer:

Signature of Supervisory Officer:

Phone Number: _____

School Board: _____

Date: _____

EMAIL THIS FORM TO CE@BROCKU.CA

Applicants will not be enrolled in their course until this form is duly signed by a Supervisory Officer. Completed forms must be received by the start date of the session. INCOMPLETE FORMS WILL NOT BE PROCESSED.