

## Certificate of Teaching Experience Form

Applicant:	OCT #:
AQ Course Name:	Course Code: PCSL
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.
- 3. Where candidates are teaching the subject identified below in an integrated format, supervisory officers may consider Experience where a teacher can demonstrate that significant program and instructional modifications were explicitly planned, implemented and reviewed in the teacher's class: Art, Integration of Information and Computer Technology in Instruction, Dramatic Arts, ESL, FSL, Guidance and Career Education, Music, Reading, Special Education (OCT Memorandum: July 14, 2004).

PART TWO COURSES Supervisory Officer's Certification	SPECIALIST / HONOUR SPECIALIST COURSE Supervisory Officer's Certification
I certify that the applicant named above has completed at least or year (194 days) of successful teaching experience.	nel certify that the applicant named above has completed at least <b>two</b> years (388 days) of successful teaching experience, including at least <b>one</b> year (194 days) in the subject of specialization listed above.
Print Name of Supervisory Officer:	Print Name of Supervisory Officer:
Title of Supervisory Officer: Signature	Title of Supervisory Officer:
Signature of Supervisory Officer:	Signature of Supervisory Officer:
Phone Number:	Phone Number:
School Board:	School Board:
Date:	Date:

## EMAIL THIS FORM TO CE@BROCKU.CA