

Certificate of Teaching Experience Form

Applicant:	OCT #:
AQ Course Name:	Course Code: EDUC
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 one year (194 days) of successful teaching experience.	I certify that the applicant named above has completed at least two years (388 days) of successful teaching experience, including at least one year (194 days) in the subject of specialization listed above.
If less than 1 year, number of days:	If less than 2 years, number of days:
Supervisory Officer Name:	Supervisory Officer Name:
Supervisory Officer Title:	Supervisory Officer Title:
Supervisory Officer Signature:	 Supervisory Officer Signature:
Phone Number: School Board: Date:	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.

Brock University protects your privacy and your personal information. Where personal information is requested, it is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Direct any questions about this collection to the Professional and Continuing Studies Department at Brock University.