



UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE
FOR STUDIES IN EDUCATION

CERTIFICATE OF TEACHING EXPERIENCE FORM

SECTION A: TO BE COMPLETED BY APPLICANT

PERSONAL INFORMATION

NAME OF APPLICANT: _____ OCT REGISTRATION NO.: _____
 HOME ADDRESS: _____ TELEPHONE NO.: _____
 EMAIL ADDRESS: _____ FAX NO.: _____

PLEASE NOTE: COMPLETED FORMS MUST BE SUBMITTED ELECTRONICALLY BY UPLOADING A DIGITAL COPY TO YOUR COURSE APPLICATION OR VIA EMAIL TO OISE.CPL@UTORONTO.CA

PROGRAM INFORMATION

COURSE NAME: _____ COURSE CODE: PK12- _____ SESSION: FALL WINTER
 SPRING SUMMER
 COURSE START DATE (MM/DD/YYYY): ___ / ___ / ___
 APPLICANT IS APPLYING FOR: PART 2 PART 3 HONOUR SPECIALIST PQP PART 1

SECTION B: TO BE COMPLETED BY SUPERVISORY OFFICER

For this purpose a **Supervisory Officer** is defined as follows:

- a) For a teacher employed by a **District School Board of Education**, this person is a Superintendent or Assistant Superintendent of the district. A Principal’s signature does not satisfy this requirement.
- b) For a teacher employed by a **private school**, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal’s signature does not satisfy this requirement.

PART 2 COURSES

Supervisory Officer’s Certification

I certify that the applicant named above has successfully completed at least **one (1)** school year (194 days) of successful teaching experience prior to the beginning of the course session.

 Name of Supervisory Officer (please print)

 Signature of Supervisory Officer

 Date

 Name of School Board

 Telephone Number

**PART 3 AND HONOUR
 SPECIALIST COURSES**

Supervisory Officer’s Certification

I certify that the applicant named above has successfully completed at least **two (2)** school years (388 days) of successful teaching experience, including at least **one (194 days)** school year (194 days) of experience in the subject listed above prior to the beginning of the course session.

 Name of Supervisory Officer (please print)

 Signature of Supervisory Officer

 Date

 Name of School Board

 Telephone Number

PQP PART 1

Supervisory Officer’s Certification

I certify that the applicant named above has successfully completed at least **five (5)** school years (970 days) of successful teaching experience prior to the beginning of the course session.

 Name of Supervisory Officer (please print)

 Signature of Supervisory Officer

 Date

 Name of School Board

 Telephone Number