



CERTIFICATE OF TEACHING EXPERIENCE FORM FOR ADDITIONAL QUALIFICATIONS (AQ) COURSES

For Specialist (part 3) of a Schedule D Specialist Course

Name of Applicant _____ OCT# _____

Specialist Course applied for _____

TO BE COMPLETED BY THE SUPERVISORY OFFICER

All teaching experience must be:

- Accumulated while holding teacher certification in the jurisdiction where the experience was acquired. Teaching experience accumulated during expired/suspended time periods cannot be counted.
- Certified by an academic supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario.
- For a teacher employed by a district school board in Ontario, 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 in Ontario, the supervisory officer is the Ministry of Education official appointed to provide supervisory services for the school authority.
- A principal cannot sign off on this form.

I certify that the applicant named above holds a general certificate of qualification and registration and has at least **two** years of successful teaching experience subsequent to becoming certified to teach in Ontario and has **taught the subject listed above** for at least one year.

Name of Supervisory Officer (please print) _____

Title of Supervisory Officer _____

School Board _____

Signature of Supervisory Officer _____ Date _____

Please email the form to: cvitale@niagara.edu

Niagara University in Ontario
Unit 113
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905-294-7260, extension 1104