



TEACHING EXPERIENCE FORM

This form validates the certified teaching experience of the member below.
All sections of this form must be completed to be valid.

Email completed form to: raiseyouraq@edu.yorku.ca

Section A: To be completed by candidate

Ontario College of Teachers (OCT) Registration Number: _____

First and Middle Name(s): _____ Last Name: _____

Course Title: _____

Course Code: _____ Course Start Date: _____

Section B: To be completed by a Supervisory Officer*

Division(s) Taught	Subject Area / Subjects Taught	Date from	Date to	Number of Days
Primary / Junior Intermediate / Senior	For Intermediate & Senior only	DD/MM/YYYY	DD/MM/YYYY	Total

***Supervisory Officer is defined as follows:**

- For a teacher employed by a District School Board of Education, this person is a Superintendent or Assistant Superintendent of the District.
- For a teacher employed by a private or First Nations school, this person is the Ministry of Education official (Education Officer) appointed to provide supervisory services for the school.
- For a teacher employed by an overseas school, this is the person whom the teacher's Principal reports to.

I certify that the candidate named above has successfully completed the certified teaching days in the subject / areas during the periods indicated herein by the course start date.

Printed Name of Supervisory Officer / Official: _____

Signature of Supervisory Officer / Official: _____

Title: _____

Name of School Board / Private School / First Nations Education Authority: _____

Jurisdiction (if outside Ontario): _____

Date Signed: _____