



Ontario School Counsellors' Association Association des conseillères et des conseillers d'orientation scolaire de l'Ontario

P.O. Box 26032 Churchill ■ Mississauga, ON ■ L5L 5W7
(519) 800-0872 ■ oscadesk@gmail.com

Confirmation of Teaching Experience Form

Applicant Name: _____

OCT#: _____

Please select your course type:

Part 2

Part 3 (Subject area): _____

To be completed by: Superintendent, Assistant Superintendent, Director or Assistant Director of Education or a MoE Official.

Part 2 Course: I certify that the applicant named above has successfully completed one year (194 days) of teaching experience since becoming a certified teacher. I certify that I have confirmed this experience with the individual to whom the applicant reports.

Part 3 Course: I certify that the applicant named above has successfully completed two years (388 days) of teaching experience since becoming a certified teacher, one of which is in the subject area named above. I certify that I have confirmed this experience with the individual to whom the applicant reports.

*Name of Supervisory Officer: _____

Title: _____

School Board: _____

Signature: _____ Date: _____

* The Ontario College of Teachers defines "Supervisory Official" as the Superintendent or Assistant Superintendent of the school board for a teacher employed by a Board of Education. A principal or headmaster is not recognized in this capacity. For a teacher employed by a private school, the "Supervisory Official" is the Ministry of Education Official (Education Officer) appointed to your school. For overseas experience the appropriate Supervisory Official is the person your principal reports to.

The personal information collected on this form is done under the legal authority of the Royal Charter of 1841, as amended, and the Ontario College of Teachers Act. This information will be used for registration purposes at OSCA/ACOSO and the Ontario College of Teachers. Questions or concerns about the information collected or how it will be used can be directed to the OSCA/ACOSO President at 519-800-0872.

Email your completed form to oscadesk@gmail.com. An original is not required.