

ADDITIONAL QUALIFICATION CERTIFICATION OF TEACHING EXPERIENCE

NAME OF APPLICANT: _____ EMPLOYEE # (6 DIGITS): _____

SCHOOL WHERE EMPLOYED: _____

COURSE APPLIED FOR: _____

SESSION: _____ APPLICANT HAS APPLIED FOR: Part 2 Specialist

The signing of this form by a Supervisory Officer is required for admission to Part 2 or Specialist courses.
Admission could be delayed until this form is received.

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 of the Board.
- (b) For a teacher employed by a private school, the Supervisory Officer is the Ministry of Education official appointed to provide supervisory services for the school.

Note: 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) year (194 days) of successful teaching experience.

 Signature of Supervisory Officer Date

 Name of Supervisory Officer (printed) Telephone

 Title of Supervisory Officer

 School Board

SPECIALIST COURSES

Supervisory Officer's Certification

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

 Signature of Supervisory Officer Date

 Name of Supervisory Officer (printed) Telephone

 Title of Supervisory Officer

 School Board