CONFIRMATION OF TEACHING EXPERIENCE FORM

Faculty of Education, University of Windsor
Tel: (519) 253-3000 ext 6734
www.uwindsor.ca/aq

TO BE COMPLETED BY THE APPLICANT

Last Name	First Name	OCT #

Session/Year (e.x. Fall 2025)	Course Number	Course Name

TO BE COMPLETED BY THE SUPERVISORY OFFICER

Date	Phone Number
Name of Supervisory Officer	Title of Supervisory Officer
Signature of Supervisory Officer	School Board

SELECT ALL THAT APPLIES

☐	Part 2	I certify the above-named applicant has successfully completed a minimum of one year (equivalent to 194 days) teaching experience.
☐	Part 3 (Specialist) or Honour Specialist	I certify that the above-named applicant has successfully completed a minimum of two years (equivalent to 388 days) of teaching experience that includes one year (194 days) in the specific teaching subject.

PRINCIPAL'S QUALIFICATION

☐	I certify that the above-named applicant has successfully completed a minimum of five years of teaching experience.

ACCEPTABLE TEACHING EXPERIENCE

Information can be found on the OCT website. https://www.oct.ca/members/acceptable-teaching-experience

*For teachers employed by a publicly funded school board, the supervisory officer is a superintendant or assistant superintendant of the board. A principal or school head's signature cannot be accepted.

*For teachers employed by an independent or First Nations school, the supervisory officer (e.g. Education Officer) is the Ministry of Education official appointed to provide supervisory services for the school.

PLEASE NOTE: Teaching experience must be completed from the date of the initial certification and PRIOR to the first day of the course.

Please email the completed form with signature to aq@uwindsor.ca