



IMPORTANT NOTICE TO CANDIDATES AND SCHOOL BOARD SUPERVISORY OFFICER

- THIS FORM MUST BE SUBMITTED BY ALL CANDIDATES APPLYING FOR ADMISSION TO PART II* OR PART III**, SPECIALIST, OF A TEACHER EDUCATION PROFESSIONAL DEVELOPMENT PROGRAM OR TO THE HONOUR SPECIALIST PROGRAM**. THE FORM MUST BE SIGNED BY THE APPROPRIATE SUPERVISORY OFFICER (O.REG.176/10).
- NO APPLICATION / REGISTRATION CAN BE CONSIDERED UNLESS IT IS ACCOMPANIED BY THIS STATEMENT OF EXPERIENCE FORM, DULY COMPLETED AND SIGNED.

Section A – Applicant to complete

Applicant full name:	OCT #
Phone #	E-mail
Course Name	Course code
Course start date	

Session: Fall Winter Summer

Applying for: Part 2 Part 3 Honour Specialist

PLEASE NOTE: COMPLETED FORMS MUST BE SUBMITTED ELECTRONICALLY BY SENDING A DIGITAL COPY VIA EMAIL TO edupdp@uottawa.ca

Section B – To be completed by Supervisory Officer

For this purpose, a 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. A Principal’s signature does not satisfy this requirement.
- For a teacher employed by a private school, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal’s signature does not satisfy this requirement.

PART 2 COURSES	PART 3 AND HONOUR SPECIALIST COURSES
<p>Supervisory Officer’s Certification</p> <p>I certify that the applicant named above has successfully completed at least one (1) school year (194 days) of successful teaching experience <i>AFTER</i> becoming a certified teacher and prior to the beginning of the course session.</p>	<p>Supervisory Officer’s Certification</p> <p>I certify that the applicant named above has successfully completed at least two (2) school years (388 days) of successful teaching experience <i>AFTER</i> becoming a certified teacher and prior to the beginning of the course session, including at least one school year (194 days) of experience in the subject listed above.</p>
Name of Supervisory officer:	Name of Supervisory officer:
Title of Supervisory Officer:	Title of Supervisory Officer:
Signature	Signature
Date:	Date:
Name of School Board	Name of School Board
Phone #	Phone #