



**AQ Part 2
Certification of Teaching Experience Form**

Applicant's Name: _____ OCT #: _____

School and Board: _____

Course Applied For: _____

Supervisory Officer's Certification

I certify that the Applicant named above has completed at least one full school year of successful teaching experience.

Name of Supervisory Officer

Signature of Supervisory Officer

Title of Supervisory Officer

Date

Name of School Board

Telephone #

Note: A supervisory officer is defined a superintendent or assistant superintendent. A principal's signature will not meet this requirement.