



**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.