

This is a fillable pdf form that can be completed and submitted digitally. Please return completed form to applicant to submit to **AQ@trentu.ca**.

Section A – Applicant to complete

Name of Applicant _____ OCT # _____

Applicant's Email _____ Phone # _____

Course Name _____ Course Start Date _____

Who should verify your experience?

- For Ontario Public and Catholic school teachers, a Superintendent must verify experience. Principals' signatures won't be accepted.
- For Ontario private school teachers, you will need to have your school confirm your experience and then send it to a Ministry of Education Officer, who oversee private schools in your area. List of Ministry of Education Offices
- If your teaching experience is outside of Ontario, experience must be verified by the appropriate supervisory official.

Check the one that applies

	<p>Part 2 Course 194 days (one year) of teaching have been completed by this applicant after becoming a certified teacher and prior to the course start date.</p>
	<p>Part 2 Course – Required days will come from multiple school boards _____ days of teaching have been completed by this applicant after becoming a certified teacher and prior to the course start date.</p>
	<p>Specialist Course 388 days (two years) of teaching, which included one year of experience in the course subject listed above, have been completed by this applicant after becoming a certified teacher and prior to the course start date. The one year of experience may include 'regular' classroom teaching, where a teacher gained extensive content knowledge of the course subject area.</p>
	<p>PQP Part 1 5 years (970 days) of teaching have been completed by this applicant after becoming a certified teacher and prior to the course start date.</p>

Section B – Superintendent to complete

**By checking the box below, you are verifying the information in this form is accurate and complete. Signature not required.*

By checking this box, I, _____, certify the information herein has been verified.
(Name of Superintendent)

Date of Verification _____

Title or Position _____ Phone # _____

Name of School Board* _____ Location _____

**for international schools, please write School Name*