

This is a fillable pdf form that can be completed and submitted digitally. Return completed form to applicant to submit to **AQ@trentu.ca**. Online registration is needed to complete enrolment: [www.trentu.ca/aqcourses](http://www.trentu.ca/aqcourses)

### 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

<input type="checkbox"/>	<b>Part 2 Course – 1 year / 194 required days</b> of teaching have been completed by this applicant <u>after</u> becoming a certified teacher and prior to the course start date.
<input type="checkbox"/>	<b>Specialist Course – 2 years / 388 required days</b> of teaching, which <b>included</b> one year of experience in the course subject listed above, have been completed by this applicant <u>after</u> becoming a certified teacher and prior to the course start date. <i>The one year of experience may include 'regular' classroom teaching, where a teacher gained and implemented extensive content knowledge of the course subject area.</i>
<input type="checkbox"/>	<b>PQP Part 1 – 5 years / 970 required days</b> of teaching have been completed by this applicant <u>after</u> becoming a certified teacher and prior to the course start date.
<input type="checkbox"/>	<p><b>For teachers with experience from multiple boards</b></p> <p>_____ days* of teaching have been completed by this applicant <u>after</u> becoming a certified teacher and prior to the course start date.</p> <p><i>*For Specialist courses, check this box if these days <b>include</b> one year of experience in the course subject listed above.</i></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.\*

Please note that all teaching experience must be accumulated after becoming certified by the Ontario College of Teachers or in the respective jurisdiction where the experience was acquired. If the experience was accumulated in Ontario, certification status can be confirmed at [oct.ca](http://oct.ca). Teaching experience accumulated during expired/suspended time periods cannot be counted. Teaching experience must be in a paid teaching position.

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*

**Applicants: completed forms are to be emailed to AQ@trentu.ca**