



## Statement of Successful Teaching Experience

This form can be used to confirm teaching experience for Additional Qualification purposes and equivalency requests.

**Incomplete forms will not be processed.**

**This form is completed by an academic supervisory officer or supervisory official on behalf of:**

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST NAME

### Notes for Academic Supervisory Officers or Supervisory Officials

All teaching experience must be:

- accumulated while holding teacher certification in the jurisdiction where the experience was acquired. If the experience was accumulated in Ontario, certification status can be confirmed from the public register, Find a Teacher, on the College website at [www.oct.ca](http://www.oct.ca). Teaching experience accumulated during expired/suspended time periods cannot be counted.
- certified by an academic supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario. For a teacher employed by a district school board in Ontario, the academic supervisory officer is a superintendent or assistant superintendent of the board. For a teacher employed by a private school or First Nations Education Authority in Ontario, the supervisory officer is the Ministry of Education official appointed to provide supervisory services for the school authority. Contact the Field Services Branch, Ministry of Education, Mowat Block, 12th Floor, 900 Bay Street, Toronto ON M7A 1L2, telephone 416-325-1981.

For more information about successful teaching experience, please see the August 30, 2012 Registrar's memorandum, *Successful Teaching Experience for Additional Qualifications*, at [www.oct.ca/network/teacher-education-providers/memorandums](http://www.oct.ca/network/teacher-education-providers/memorandums).

**All columns must be completed. Incomplete forms will not be processed.**

Type of teaching assignment	Division(s) taught	Date from			Date to			Days Equivalent
Full-time/part-time, long-term occasional supply/summer school	Primary/Junior Intermediate/Senior	DD	MM	YYYY	DD	MM	YYYY	

**If you have been issued a Temporary Letter of Approval by the Ontario Ministry of Education for the teaching experience listed above, please attach a photocopy of the letter to this form.**

## Declaration of Teaching Experience

This is to certify that \_\_\_\_\_  
NAME OF TEACHER  
accrued the above successful teaching experience  
in the subjects/areas and during the periods indicated above.

\_\_\_\_\_  
PRINT NAME OF ACADEMIC SUPERVISORY OFFICER OR SUPERVISORY OFFICIAL

\_\_\_\_\_  
SIGNATURE OF ACADEMIC SUPERVISOR OR SUPERVISORY OFFICIAL

\_\_\_\_\_  
PRINT NAME OF SCHOOL BOARD/PRIVATE SCHOOL/FIRST NATIONS EDUCATION AUTHORITY

\_\_\_\_\_  
DATE (DD/MM/YYYY)

### **Complete the section below to confirm teaching experience *only* for the specialist qualification for teaching students who are Deaf or Hard of Hearing.**

This is to certify that \_\_\_\_\_  
NAME OF TEACHER  
accrued at least one year of the above teaching  
experience in one or more positions requiring the qualification for teaching students who are Deaf or Hard of Hearing and  
during the periods indicated above.

\_\_\_\_\_  
PRINT NAME OF ACADEMIC SUPERVISORY OFFICER OR SUPERVISORY OFFICIAL

\_\_\_\_\_  
SIGNATURE OF ACADEMIC SUPERVISOR OR SUPERVISORY OFFICIAL

\_\_\_\_\_  
PRINT NAME OF SCHOOL BOARD/PRIVATE SCHOOL/FIRST NATIONS EDUCATION AUTHORITY

\_\_\_\_\_  
DATE (DD/MM/YYYY)

**Note: Form to be signed only after teaching experience has been completed.**