



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 / OFFICIAL ON BEHALF OF:

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST AND MIDDLE NAMES

NOTES FOR ACADEMIC SUPERVISORY OFFICERS / OFFICIALS

All teaching experience must be:

- paid
- 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. Teaching experience accumulated during expired/suspended time periods cannot be counted.
- verified 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 memorandum, *Successful Teaching Experience for Additional Qualifications*, at 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	Subject area / Subjects taught (for Intermediate / Senior only)	Date from			Date to			Number of Days
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

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

This is to verify that _____ accrued the above successful teaching experience in the
subject / areas and during the periods indicated above.
NAME OF TEACHER

PRINT NAME OF ACADEMIC SUPERVISORY OFFICER / OFFICIAL

SIGNATURE OF SUPERVISORY OFFICER / OFFICIAL

TITLE

JURISDICTION

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

DATE (DD/MM/YYYY)

Only complete the section below to confirm teaching experience for the following specialist qualifications:

- Teaching Students Who Are Deaf or Hard of Hearing – Aural and Oral Communication, or
- Teaching Students Who Are Deaf or Hard of Hearing – American Sign Language (ASL), or
- Teaching Students Who Are Deaf or Hard of Hearing – Langue des Signes Québécoise (LSQ)

This is to verify that _____ accrued, during the periods indicated above, at least
one year (194 days) of teaching _____ experience in one or more positions requiring the
qualification Teaching Students Who Are Deaf or Hard of Hearing – Aural and Oral Communication, or Teaching Students Who
Are Deaf or Hard of Hearing – American Sign Language (ASL), or Teaching Students Who Are Deaf or Hard of Hearing – Langue
des Signes Québécoise (LSQ).
NAME OF TEACHER

PRINT NAME OF ACADEMIC SUPERVISORY OFFICER / OFFICIAL

SIGNATURE OF SUPERVISORY OFFICER / OFFICIAL

TITLE

JURISDICTION

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

DATE (DD/MM/YYYY)