



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 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 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	Date from	Date to	Number of Days
Full-time/part-time, long-term occasional supply/summer school	Primary / Junior Intermediate / Senior	(for Intermediate / Senior only)	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

NAME OF TEACHER

accrued the above successful teaching experience in the subject / areas and during the periods indicated above.

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

NAME OF TEACHER

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).

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)

Please either enter a digital signature or print, sign and date this form before sending it back to the College.