



## Application for Equivalent Standing

### for a One-Part (Schedule C) or for Parts 1, 2, and/or 3 of a Three-Part (Schedule D) Specialist Qualification

The fee must accompany this form. If you are paying by credit card, please visit the [e-Services](#) section of our website ([oct.ca](#) → [Members](#) → [E-Services](#)) to complete this form and make your payment.

Please be sure you have **provided** all of the information required. Only **completed** and **signed** forms will be processed.

#### PERSONAL INFORMATION

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST AND MIDDLE NAMES

EMAIL

ADDRESS LINE 1

ADDRESS LINE 2

APT.# / UNIT # / P.O. BOX / RR#

CITY

PROVINCE

POSTAL CODE / ZIP CODE

COUNTRY

PRIMARY PHONE

SECONDARY PHONE

#### SELF-ASSESSMENT

**Please note: Equivalent standing is only for teacher education coursework completed at an approved teacher education institution *outside of Ontario*.** The following information will help you determine whether you should pursue this request for equivalent standing.

**Please complete all areas of this form.**

#### My course(s):

- were completed at \_\_\_\_\_, **an approved teacher education institution outside of Ontario.** (NAME OF INSTITUTION)
- were in addition to my initial teacher education program required for certification
- consisted of at least 125 hours
- contained a concentrated study of teaching methodology appropriate for Ontario curriculum in elementary and/or secondary schools.

I also confirm that:

- I am a member in good standing of the Ontario College of Teachers.
- I have arranged/provided for an official transcript of the courses for which equivalent standing is being requested to be sent directly from \_\_\_\_\_, \_\_\_\_\_ to the Ontario College of Teachers.  
(NAME OF INSTITUTION)
- I have submitted a detailed syllabus for each course to be considered for equivalent standing.
- I have enclosed a fee of \$49 for each equivalency assessment requested. I understand that this fee is non-refundable.
- I have reviewed the Additional Qualification (AQ) guideline for \_\_\_\_\_.  
(NAME OF AQ)  
at [oct.ca](http://oct.ca) → [Members](#) → [Additional Qualifications](#) → [Schedules and Guidelines](#) and my course(s) matches this guideline.

**If you did not check (✓) all of the previous boxes, your courses may not meet the equivalent standing criteria and it is unlikely that your request will be granted.**

### Teaching experience:

#### If applying for a Part 2 equivalency:

- I have completed at least one year of successful teaching experience that occurred in the jurisdiction where I was authorized to teach. I have also provided proof verified by the appropriate supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario.

#### If applying for a Part 3 equivalency:

- I have completed at least two years of successful teaching experience that occurred in the jurisdiction where I was authorized to teach (at least one year in this subject area). I have also provided proof verified by the appropriate supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario.

**Please submit proof of successful teaching experience by completing the [Statement of Successful Teaching Experience](#) form found at, [oct.ca](http://oct.ca) → [Members](#) → [Forms](#), and have it signed by an appropriate supervisory officer in Ontario or supervisory official, if outside Ontario.**

## COURSE(S) TO BE CONSIDERED FOR EQUIVALENT STANDING

### COURSE #1

ADDITIONAL QUALIFICATION (AQ) TITLE FEE (NON-REFUNDABLE)

NAME OF COURSE(S) TAKEN COURSE CODE(S)

DEGREE / PROGRAM DATE OF COMPLETION (DD/MM/YY)

NAME OF INSTITUTION

INSTITUTION ADDRESS

### COURSE #2

ADDITIONAL QUALIFICATION (AQ) TITLE FEE (NON-REFUNDABLE)

NAME OF COURSE(S) TAKEN COURSE CODE(S)

DEGREE / PROGRAM DATE OF COMPLETION (DD/MM/YY)

NAME OF INSTITUTION

INSTITUTION ADDRESS

### COURSE #3

ADDITIONAL QUALIFICATION (AQ) TITLE FEE (NON-REFUNDABLE)

NAME OF COURSE(S) TAKEN COURSE CODE(S)

DEGREE / PROGRAM DATE OF COMPLETION (DD/MM/YY)

NAME OF INSTITUTION

INSTITUTION ADDRESS

## PAYMENT

**Incomplete applications will not be processed.** If you require further information, visit [oct.ca](http://oct.ca), email us at [info@oct.ca](mailto:info@oct.ca) or call Client Services at 416.961.8800 or toll-free in Ontario at 1.888.534.2222.

### Please include the appropriate fee.

Please make your cheque or money order payable to **Ontario College of Teachers**, attach it to this form and mail to:

Membership Services  
Ontario College of Teachers  
101 Bloor Street West  
Toronto ON M5S 0A1

Please be sure you have **provided all** of the information required. Only **completed** and **signed** forms will be processed.

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SIGNATURE

DATE (DD/MM/YY)

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