



Statement of Successful Experience as a Qualified Principal

This form can be used to confirm experience as a qualified principal 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 experience as a qualified principal must be:

- acquired in a publicly funded elementary or secondary school, or, if it was completed in a private elementary or secondary school, the school was registered and experience was supervised and inspected by the responsible authority in that jurisdiction
- accumulated while holding certification as a teacher as well as a qualified principal in the jurisdiction where the experience was acquired. If the experience was accumulated in Ontario, this can be confirmed from the public register on the College website at oct.ca. Experience accumulated during expired/suspended time periods cannot be counted
- attested to by an academic supervisory officer, if in Ontario, or the appropriate supervisory official if outside Ontario. For a principal employed by a district school board in Ontario, the academic supervisory officer is a superintendent or assistant superintendent of the board. For a principal 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.

DECLARATION OF EXPERIENCE AS A QUALIFIED PRINCIPAL

This is to certify that

(NAME OF TEACHER)

accrued successful experience as a qualified principal in a school administering elementary or secondary education for

(TIME IN YEARS)

years in duration.

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/YY)

Note: Form to be signed only after one year (approximately 194 days) of successful experience as a qualified principal has been completed.

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