

Statement of Successful Teaching Experience

PLEASE SEND THE SIGNED FORM to ETFO-AQ by:
E-mail: aqcourses@etfo.org or Fax: 416-355-6753

Incomplete forms will not be processed.

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

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST NAME

Notes for Academic Supervisory Officers

All teaching experience must be:

- * From the date of initial certification in Ontario.
- * Certified by an academic supervisory officer. **A principal's signature is not acceptable.** For a teacher employed by a district school board, 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, 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.

Please select:

<input type="checkbox"/> PART 2 COURSE	<table border="1"><thead><tr><th>Name of Course</th><th>Session</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	Name of Course	Session		
Name of Course		Session			
<input type="checkbox"/> PART 3 SPECIALIST					

To be completed by the Supervisory Officer

PART 2 COURSE

I certify that the applicant named above has successfully completed one year of teaching experience subsequent to teacher's certification.

PART 3 SPECIALIST

I certify that the applicant named above has successfully completed two years of teaching experience subsequent to teacher's certification, including at least one year of experience in the subject listed above.

PRINT NAME OF ACADEMIC SUPERVISORY OFFICER (NOT PRINCIPAL)

SIGNATURE OF ACADEMIC SUPERVISOR

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.