

## Statement of Successful Teaching Experience Form

*Incomplete forms will not be processed*

This Form is Completed by an Academic Supervisory Officer on Behalf of:

OCT #:

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, 12<sup>th</sup> Floor, 900 Bay Street, Toronto ON M7A 1L2, 416-325-1981.

Please Provide Course and Session:

AQ COURSE: \_\_\_\_\_ SESSION: \_\_\_\_\_

Please Select Course Type:

PART 2 COURSE

PART 3 SPECIALIST

**PART 2 COURSE:**

I certify that the applicant named above has successfully completed **one year (194 days)** of teaching experience subsequent to teacher's certification.

**PART 3/SPECIALIST COURSE:**

I certify that the applicant named above has successfully completed **two years (388 days)** of teaching experience subsequent to teacher's certification, including at least one year of experience in the subject listed above.

To be Completed by a Supervisory Officer:

NAME OF ACADEMIC SUPERVISORY OFFICER

SIGNATURE OF ACADEMIC SUPERVISOR

NAME OF SCHOOL BOARD/PRIVATE SCHOOL/  
FIRST NATIONS AUTHORITY

DATE (DD/MM/YYYY)

Email or Fax completed forms to: [aqcourses@etfo.org](mailto:aqcourses@etfo.org) or 416-355-6753

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