



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 or supervisory official on behalf of:

COLLEGE REGISTRATION NUMBER

LAST NAME

FIRST NAME

Notes for Academic Supervisory Officers or Supervisory Officials

All teaching experience must be:

- accumulated while holding teacher certification 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 web site at www.oct.ca. Teaching experience accumulated during expired/suspended time periods cannot be counted.
- certified 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.

Conversion Chart	Length of Assignment	Days Equivalent
Use this conversion chart to calculate the length of teaching assignment(s) in days.	10 months	194 days
	1 month	20 days
One academic year is equivalent to 10 months. Successful teaching in six evening or summer credit courses is equivalent to 10 months of full-time teaching.	half day	1/2 day
	5 hours	1 day
	1 credit course	34 days

All columns must be completed. Incomplete forms will not be processed.

Type of teaching assignment	Division(s) taught	Date from			Date to			Days Equivalent
Full-time/part-time, long-term occasional supply/summer school	Primary/Junior	DD	MM	YYYY	DD	MM	YYYY	
	Intermediate/Senior							

Declaration of Teaching Experience

This is to certify that _____
(NAME OF TEACHER) accrued the above successful teaching experience in the subjects/areas
and during the periods indicated above.

PRINT NAME OF ACADEMIC SUPERVISORY OFFICER OR SUPERVISORY OFFICIAL

SIGNATURE OF ACADEMIC SUPERVISOR OR SUPERVISORY OFFICIAL

PRINT NAME OF SCHOOL BOARD/PRIVATE SCHOOL/FIRST NATIONS EDUCATION AUTHORITY

DATE (DD/MM/YYYY)

Complete the section below to confirm teaching experience *specifically* for the specialist qualification for teaching students who are Deaf or Hard of Hearing.

This is to certify that _____
(NAME OF TEACHER) accrued at least one year of the above teaching experience in one or more
positions requiring the qualification for teaching students who are Deaf or Hard of Hearing and during the periods indicated above.

PRINT NAME OF ACADEMIC SUPERVISORY OFFICER OR SUPERVISORY OFFICIAL

SIGNATURE OF ACADEMIC SUPERVISOR OR SUPERVISORY OFFICIAL

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.