



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 at www.oct.ca 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

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

CITY

ADDRESS LINE 2

PROVINCE

COUNTRY

POSTAL CODE / ZIP CODE

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 www.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 www.oct.ca → **Members → **Forms** and having 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 _____ <small>ADDITIONAL QUALIFICATION (AQ) TITLE</small>	_____ <small>FEE (NON-REFUNDABLE)</small>
_____ <small>NAME OF COURSE(S) TAKEN</small>	_____ <small>COURSE CODE(S)</small>
_____ <small>DEGREE / PROGRAM</small>	_____ <small>DATE OF COMPLETION</small>
_____ <small>NAME OF INSTITUTION</small>	
_____ <small>INSTITUTION ADDRESS</small>	
COURSE #2 _____ <small>ADDITIONAL QUALIFICATION (AQ) TITLE</small>	_____ <small>FEE (NON-REFUNDABLE)</small>
_____ <small>NAME OF COURSE(S) TAKEN</small>	_____ <small>COURSE CODE(S)</small>
_____ <small>DEGREE / PROGRAM</small>	_____ <small>DATE OF COMPLETION</small>
_____ <small>NAME OF INSTITUTION</small>	
_____ <small>INSTITUTION ADDRESS</small>	

COURSE #3 _____
ADDITIONAL QUALIFICATION (AQ) TITLE _____
NAME OF COURSE(S) TAKEN _____
DEGREE / PROGRAM _____
NAME OF INSTITUTION _____
INSTITUTION ADDRESS _____

FEE (NON-REFUNDABLE) _____
COURSE CODE(S) _____
DATE OF COMPLETION _____

PAYMENT

Incomplete applications will not be processed. If you require further information, visit www.oct.ca, email us at 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.

SIGNATURE

DATE