

Statement of Experience Form

For Additional Qualification Courses

The signed Statement of Experience form is required for all Schedule D: Part II, and Part III, AQ courses. This is to satisfy the Ontario Regulation 176/10 as listed on the OCT website.

All students taking a Part II AQ course: If you have previously taken a Part II course with Nipissing University your form will be on file with the Office of the Registrar. All other students must submit a Statement of Experience form signed by a Supervisory Officer. One year of successful classroom teacher experience is required.

All students taking a Part III AQ course: ALL students must submit the signed Statement of Experience form. Two years of successful classroom teaching experience, including at least one year teaching the subject is required.

The Statement of Experience has to be signed by a **Supervisory Officer**. (A Principal's signature does not satisfy this requirement.)

For this purpose a Supervisory Officer is defined as follows:

- a) For a teacher employed by a District School Board of Education, this person is a Superintendent or Director of Education. A Principal's signature does not satisfy this requirement. Experience outside of Ontario must be certified by an appropriate supervisory official.
- b) For a teacher employed by a private school, or First Nations Education Authority, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does not satisfy this requirement.

Please Note:

- ◆ All teaching experience must be from the date of initial Teaching Certification.
- ◆ Incomplete forms will not be processed.
- ◆ Emailed copies will be treated as originals.

The Statement of Experience form can be emailed, **or** delivered to: (You should keep a copy of the form for your own records)

Office of the Registrar - AQ
Nipissing University
100 College Drive, P.O. Box 5002
North Bay, ON P1B 8L7
Fax: (705) 495-1772
Email:
registrar@nipissingu.ca

Statement of Experience Form

For Additional Qualification Courses

NAME OF APPLICANT: _____ NIPISSING ID #: _____

OCT REGISTRATION #: _____ SESSION: Spring (begins early March)

COURSE REGISTERED IN: _____ Summer (begins early July)

APPLICANT APPLIED FOR: PART II; PART III; Spring/Summer (begins mid May)

*This section must be completed for a Part III AQ course **only**.

SUBJECT (i.e. English, Special Education, Math, etc.): _____ Fall (begins late September)

Winter (begins early February)

For this purpose a Supervisory Officer is defined as follows:

- a) For a teacher employed by a District School Board of Education, this person is a Superintendent or Director of Education. A Principal's signature does not satisfy this requirement. Experience outside of Ontario must be certified by an appropriate supervisory official.
- b) For a teacher employed by a private school, or First Nations Education Authority, this person is the Ministry of Education official appointed to provide supervisory services for the school. A Principal's signature does not satisfy this requirement.

Please Note:
 ◆ Incomplete forms will not be processed.
 ◆ Faxed or scanned copies will be treated as originals.

Part II AQ Courses

Supervisory Officer's Certification

I certify that the applicant named above has successfully completed at least **one** (1) school year (194 days) of successful teaching experience. (in accordance with Article 26 of O. Reg. 176/10).

 Name of Supervisory Officer (please print)

 Signature of Supervisory Officer

 Title of Supervisory Officer

 Date

 Name of School Board

 Telephone Number

 Ext.

Part III AQ Courses

Supervisory Officer's Certification

I certify that the applicant named above has successfully completed at least **two** (2) school years (388 days) of successful teaching experience, including at least **one** school year (194 days) of experience in the subject listed above (in accordance with Article 26 or 27 of O. Reg. 176/10).

 Name of Supervisory Officer (please print)

 Signature of Supervisory Officer

 Title of Supervisory Officer

 Date

 Name of School Board

 Telephone Number

 Ext.