

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.

<u>All students taking a Part II AQ course</u>: 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.

<u>All students taking a Part III AQ course</u>: ALL students <u>must</u> 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. <u>A Principal's signature does not satisfy this requirement.</u>

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

PRIVACY: Personal information in connection with this form is collected under the authority of the Nipissing University Act, 1992 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions regarding the collection, use and disclosure of this information by the University, please contact the Registrar's Office, Nipissing University, Box 5002, North Bay ON P1B 8L7, (705) 474-3461, ext. 4521.



Statement of Experience Form

For Additional Qualification Courses

NAME OF APPLICANT:	NIPISSING ID #:
OCT REGISTRATION #:	SESSION:
COURSE REGISTERED IN:	Summer (begins early July)
APPLICANT APPLIED FOR: PART II; PART III; *This section must be completed for a Part III AQ course only :	☐ Spring/Summer (begins mid May)
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:	
 For a teacher employed by a District School Board of Education, the signature does not satisfy this requirement. Experience outside of 	his person is a Superintendent or Director of Education. <u>A Principal's</u> f Ontario must be certified by an appropriate supervisory official.
 For a teacher employed by a private school, or First Nations Educato provide supervisory services for the school. <u>A Principal's signat</u> 	ation Authority, this person is the Ministry of Education official appointed ture 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	Part III AQ Courses
	Supervisory Officer's Certification

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

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

Ext.

Telephone Number

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