

Statement of Experience Form

For Additional Qualification Courses

The signed **Statement of Experience form** is required for all Part II, and Part III, AQ courses ONLY. 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.
- ◆ Faxed or scanned copies will be treated as originals.

The required *Statement of Teaching Experience Form* for Part II and Part III courses must be received by the Office of the Registrar no later than the last day of honorable withdrawal (3 weeks from course start date) for the course.

The Office of the Registrar will remove students who have not submitted the Statement of Teaching Experience by this date and no refunds will be given.

The Statement of Experience form can be mailed, faxed, scanned and 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: Spring (begins early March)

 COURSE REGISTERED IN: _____ Summer (begins early July)

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

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

 Fall (begins early October)

SUBJECT (i.e. English, Special Education, Math, etc.): _____

 Winter (begins mid-January)

For this purpose a Supervisory Officer is defined as follows:

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- 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.
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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.