



STATEMENT OF TEACHING EXPERIENCE

 Email : aq-courses@laurentian.ca
PLEASE PRINT

 This form must be submitted by any candidate applying for admission to **PART II*** or **PART III*** of a development program

This form must be signed by an authorized supervisory officer (ONT. REG. 184/97).

* The candidate for Part II of a development program must submit proof that he has successfully taught in Ontario for at least one year (ONT. REG. 184/97).

** The candidate for Part III of a development program must submit proof that he has successfully taught in Ontario for two years, and during one of those years he/she gained experience in the chosen field. (ONT. REG. 184/97).

TO BE COMPLETED BY APPLICANT

| | | | |
|--|--|------------------------|--|
| Surname | | First name(s) | |
| Name of school | | City | |
| Session <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER | | Email | |
| AQ course | | | |
| Date | | Signature of applicant | |

TO BE COMPLETED BY SUPERINTENDENT

| | |
|---|--|
| Name of superintendent (printed) | |
| Name of school board | |
| <input type="checkbox"/> CANDIDATE FOR PART II OF A DEVELOPMENT PROGRAM I hereby certify that the candidate mentioned above has successfully taught in Ontario for at least one year. | <input type="checkbox"/> CANDIDATE FOR PART III OF A DEVELOPMENT PROGRAM I hereby certify that the candidate mentioned above has successfully taught in Ontario for two years and during one of those years, he/she has gained experience in the chosen field. |
| Date | Date |
| Signature of superintendent | Signature of superintendent |

Please return to the following address or
by email: aq-courses@laurentian.ca

Centre for Teaching and Continuing Learning
Laurentian University
935 Ramsey Lake Road Sudbury, Ontario P3E 2C6