



uOttawa

UNIVERSITY OF OTTAWA
FACULTY OF EDUCATION
TEACHER EDUCATION

STATEMENT OF EXPERIENCE

IMPORTANT NOTICE TO CANDIDATES AND SCHOOL BOARD SUPERVISORY OFFICER

- THIS FORM MUST BE SUBMITTED BY ALL CANDIDATES APPLYING FOR ADMISSION TO PART II* OR PART III**, SPECIALIST, OF A TEACHER EDUCATION PROFESSIONAL DEVELOPMENT PROGRAM OR TO THE HONOUR SPECIALIST PROGRAM**. THE FORM MUST BE SIGNED BY THE APPROPRIATE SUPERVISORY OFFICER (O. REG. 176/10).

* CANDIDATES APPLYING FOR ADMISSION TO PART II OF A PROFESSIONAL DEVELOPMENT PROGRAM MUST SUBMIT EVIDENCE OF AT LEAST ONE (1) YEAR OF SUCCESSFUL (GENERAL) TEACHING EXPERIENCE IN ONTARIO OR OUTSIDE ONTARIO (O. REG. 176/10).

** CANDIDATES APPLYING FOR ADMISSION TO PART III, SPECIALIST, OF A PROFESSIONAL DEVELOPMENT PROGRAM OR TO THE HONOUR SPECIALIST PROGRAM MUST SUBMIT EVIDENCE OF AT LEAST TWO (2) YEARS OF SUCCESSFUL TEACHING EXPERIENCE OF WHICH ONE YEAR WAS IN THE AREA OF SPECIALIZATION SOUGHT (O. REG. 176/10).

- NO APPLICATION / REGISTRATION CAN BE CONSIDERED UNLESS IT IS ACCOMPANIED BY THIS STATEMENT OF EXPERIENCE FORM, DULY COMPLETED AND SIGNED.

SECTION A : TO BE COMPLETED AND SIGNED BY THE CANDIDATE (PLEASE PRINT)

SURNAME		GIVEN NAMES	
NO. AND STREET			APT.
CITY		PROVINCE	POSTAL CODE
NAME OF SCHOOL		LOCATION (CITY)	
AREA CODE AND TELEPHONE NUMBER OF SCHOOL		FAX NUMBER OF SCHOOL	
SESSION <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL/WINTER			
I WISH TO BE ADMITTED TO	<input type="checkbox"/> PART II	PROGRAM	_____
	<input type="checkbox"/> PART III, SPECIALIST	PROGRAM	_____
	<input type="checkbox"/> HONOUR SPECIALIST PROGRAM	SUBJECT	_____
DATE		SIGNATURE (CANDIDATE)	

▶ PLEASE ASK YOUR SUPERVISORY OFFICER TO COMPLETE AND SIGN SECTION B AND RETURN THE FORM TO YOU.

SECTION B : TO BE COMPLETED AND SIGNED BY THE SCHOOL BOARD SUPERVISORY OFFICER (PLEASE PRINT)

COMPLETE AND SIGN SECTION B1 OR B2, AS THE CASE MAY BE, AND RETURN THE FORM TO THE CANDIDATE.

B1 FOR ADMISSION TO PART II OF A PROFESSIONAL DEVELOPMENT PROGRAM	I CERTIFY THAT THIS CANDIDATE HAS SUCCESSFULLY TAUGHT FOR AT LEAST ONE YEAR. NAME OF SUPERVISORY OFFICER _____ NAME OF SCHOOL BOARD _____ AREA CODE AND TELEPHONE NUMBER _____ FAX NUMBER _____ DATE _____ SIGNATURE (SUPERVISORY OFFICER) _____
B2 FOR ADMISSION TO PART III, SPECIALIST, OF A PROFESSIONAL DEVELOPMENT PROGRAM OR TO THE HONOUR SPECIALIST PROGRAM	I CERTIFY THAT THIS CANDIDATE HAS SUCCESSFULLY TAUGHT FOR AT LEAST TWO YEARS OF WHICH ONE YEAR WAS IN THE AREA OF SPECIALIZATION SPECIFIED ABOVE. NAME OF SUPERVISORY OFFICER _____ NAME OF SCHOOL BOARD _____ AREA CODE AND TELEPHONE NUMBER _____ FAX NUMBER _____ DATE _____ SIGNATURE (SUPERVISORY OFFICER) _____

▶ THIS CANDIDATE'S APPLICATION / REGISTRATION CANNOT BE CONSIDERED UNLESS IT IS ACCOMPANIED BY THIS STATEMENT OF EXPERIENCE, DULY COMPLETED AND SIGNED.