

IMPORTANT NOTICE TO CANDIDATES AND SCHOOL BOARD SUPERINTENDENTS

- THIS FORM MUST BE SUBMITTED BY ALL CANDIDATES APPLYING FOR ADMISSION TO PART II* OR PART III** 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. 184/97).

* 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. 184/97).

** CANDIDATES APPLYING FOR ADMISSION TO **PART III** 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 (1) YEAR WAS IN ONTARIO IN THE AREA OF SPECIALIZATION SOUGHT (O. REG. 184/97).

- 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 PROGRAM
	<input type="checkbox"/> HONOUR SPECIALIST PROGRAM SUBJECT
<input type="checkbox"/> PLEASE ASK YOUR SUPERINTENDENT TO COMPLETE AND SIGN SECTION B AND RETURN THE FORM TO YOU.	
DATE	SIGNATURE (CANDIDATE)

SECTION B : TO BE COMPLETED AND SIGNED BY THE SCHOOL BOARD SUPERINTENDENT (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	<p>I CERTIFY THAT THIS CANDIDATE HAS SUCCESSFULLY TAUGHT IN ONTARIO OR OUTSIDE ONTARIO FOR AT LEAST ONE YEAR.</p> NAME OF SUPERINTENDENT NAME OF SCHOOL BOARD AREA CODE AND TELEPHONE NUMBER FAX NUMBER DATE SIGNATURE (SURINTENDENT)
B2 FOR ADMISSION TO PART III OF A PROFESSIONAL DEVELOPMENT PROGRAM OR TO THE HONOUR SPECIALIST PROGRAM	<p>I CERTIFY THAT THIS CANDIDATE HAS SUCCESSFULLY TAUGHT FOR AT LEAST TWO YEARS OF WHICH ONE YEAR WAS IN ONTARIO IN THE AREA OF SPECIALIZATION SPECIFIED ABOVE.</p> NAME OF SUPERINTENDENT NAME OF SCHOOL BOARD AREA CODE AND TELEPHONE NUMBER FAX NUMBER DATE SIGNATURE (SURINTENDENT)
	<input type="checkbox"/> THIS CANDIDATE'S APPLICATION / REGISTRATION CANNOT BE CONSIDERED UNLESS IT IS ACCOMPANIED BY THIS STATEMENT OF EXPERIENCE, DULY COMPLETED AND SIGNED.