

**Application
Initial CTE credential**

Please be sure to complete every section of this application before submitting it to your college credentialing officer.

S Number	Last Name	First Name	Middle Initial	Previous/Maiden Name

Birthday	Mailing Address	Phone Number

E-Mail Address

Program name	Credential name	Select one	
		Full Time	Part Time

See http://www.coloradostateplan.com/default_cred.htm for a list of program areas and the required credential for each area.

EDUCATION

Attach a copy of transcripts from college programs and/or certificates of completion of training programs or high school diploma/GED. Submit a copy of state or federal registration, license, certificate, or journeyman's card if applicable.

Name of College or University (Including special training and/or military training that applies)	Dates Attended	Certificate or Degree

OCCUPATIONAL EXPERIENCE

ATTACH OCCUPATIONAL EXPERIENCE VERIFICATION FORMS. This is to describe occupational experience outside the classroom in the past 5 years. Be sure to complete all sections of the occupational experience verification form.

I hereby certify that all information presented in this application is correct and complete to the best of my knowledge. I recognize and accept that my Career and Technical Education Credential may be revoked if any of the given information or statements are false.

Date	Applicant Signature

OCCUPATIONAL EXPERIENCE VERIFICATION

Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful paid occupational experience (non-teaching) in the specific skill area to be taught.

TO BE COMPLETED BY THE APPLICANT

Name _____ Phone _____

Address: _____

For application for a Colorado CTE Credential to teach _____
Program

I authorize my present or former employer to furnish the following information

Applicant Signature _____

This form is not valid unless the following area is completed.

TO BE COMPLETED BY THE EMPLOYER OR SELF (IF SELF-EMPLOYED):

Please return this form to the above applicant after completion

The above named person was employed from _____ to _____

This was Full _____ Part _____ Time Please note total hours
(1 year full time = 2,000 hours)

He/She was employed as a _____
Job Classification

Description of Duties: _____

Firm _____
(mailing or e-mail) _____

Address

Phone _____ (Notary Area for self-employment)

Printed Name: _____

Signature _____

OCCUPATIONAL EXPERIENCE VERIFICATION GUIDELINES

All occupational experience must be after age 16 and must be within the **LAST 5 YEARS**. Note: One year of full time employment = 2,000 hours.

Please complete the top portion and forward to an employer to complete the second portion. Please request the employer to return the form to you. Keep a copy for your records and submit the original with your application materials.

Occupational Experience Requirement:

PART TIME CREDENTIAL - All part time applicants are required to verify a minimum of 4,000 hours of related experience (non-teaching).

FULL TIME CREDENTIAL –

Degreed- (Bachelor's or higher) In a program area that requires a degree, a minimum of two years (4,000 hours equivalent) related work experience (non-teaching).

Non-Degreed: In a program that does not require a four-year degree, but may require a certificate/license in the related area, a minimum of three years (6,000 hours equivalent) of related work experience (non-teaching) is required. Please see the program area for other options.

Other types of occupational experience verification accepted:

- **Letters of reference from employers stating employment dates and duties**
- **Military discharge papers (DD 214) or other military verification of duties performed and dates**
- **Self-employment: Complete both sections of the occupational experience form and include the first page of an income statement or a Schedule C from Income Tax forms or a letter of reference from customers.**

For closed business, no records available or unavailable employers, please complete both sections and submit copies of W-2 forms relative to first and last dates of employment.

The Colorado Community College System does not unlawfully discriminate on the basis of race, color, religion, national origin, sex, age or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX and Section 504 may be referred to the Affirmative Action Director, Colorado Community College System, 9101 E. Lowry Blvd. Bldg. 959, Denver, Co. 80230. Or to the Office of Civil Rights, U.S. Department of Education, 1691 Stout Street, Denver, Co. 80204.

Submit completed application to:

The Credentialing Officer at your postsecondary institution

For a complete list of credentialing officers see http://www.coloradostateplan.com/cred_officers.htm