

**Application
Renew an existing 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

Please attach a copy of your current credential to this application.

Renewal requirements: List coursework, workshops/seminar time, and/or work experience completed for your credential renewal requirements (specific requirements are listed on your current credential). **Attach a copy** of recent transcripts, evidence of hours spent in workshops/seminars (15 hours in a workshop/seminar = 1 credit hour), or occupational experience verification forms (40 hours of occupational experience = 1 credit hour) as applicable. Experience(s) submitted must be related to the credential area and must have been completed since your current credential was issued.

Type of training (be sure to attach appropriate documentation)	Dates Attended

Supervisor signature: I hereby certify that this instructor has satisfactorily performed under my supervision and I recommend that they continue to hold a CTE credential in this area.

Date	Supervisor/Department Chair Signature

Applicant signature: 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

This form only needs to be completed for renewal if the applicant plans to use occupational hours to meet renewal requirements.

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 _____ Address _____
(mailing or e-mail) _____

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 see
http://www.coloradostateplan.com/default_cred.htm for a list of credentialing officers.