

INITIAL CTE CREDENTIAL APPLICATION

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, City, State, Zip Code	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 official 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 7 years (Experience for Health Science credential applicants must be within the previous 5 years.) Be sure to complete all sections of the occupational experience verification form. (Instructions page 4)

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

GENERAL OCCUPATIONAL EXPERIENCE VERIFICATION FORM

Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful non-teaching occupational experience (see Guidelines page for teaching exception) in the specific skill area to be taught. Please see the Occupational Experience Verification Guidelines page to determine which form to use.

TO BE COMPLETED BY THE APPLICANT

I authorize my present/prior employer to furnish the following information:

Applicant Signature Printed Name Date

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

TO BE COMPLETED BY THE PRIOR/PRESENT EMPLOYER*:

Please and return this form to the above applicant after completion

The above named person was employed from _____ to _____

Employer: _____ Phone: _____

Address (Mailing or Email): _____

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

Position Title: _____

Description of Duties (Attach Position Description if possible) : _____

Employer Verification - *I verify that the information above is an accurate reflection of the employee's experience and tenure with our company/organization.*

Signature Printed Name Date

***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 or other means of verifying employment.**

TO BE COMPLETED BY THE CREDENTIALING INSTITUTION: Verified by: Date:

Occupational Experience Hours Verified _____

Occupational Experience Adequately Relates to Credential Requested _____

SELF-EMPLOYED - OCCUPATIONAL EXPERIENCE VERIFICATION FORM

Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful non-teaching occupational experience (see Guidelines page for teaching exception) in the specific skill area to be taught. Please see the Occupational Experience Verification Guidelines page to determine which form to use.

TO BE COMPLETED BY THE APPLICANT

Self -Employment was Full _____ Part _____ Time Please note total hours _____
(1 year full time = approximately 2,000 hours)

Self Employment was from _____ to _____

Description of Duties/Projects (Attach example scope of work if possible) : _____

Applicant must also validate self-employment or professional status by providing one or more of the following for each year of employment that you included in the hours above:

- Proof of Self Employment
 - copies of a Schedule C or Schedule C-EZ
 - the first page of an income tax statement showing self-employment income or
 - letters of reference from customers that include the dates/services rendered and cost of services
- Proof of Professional Status - Verifiable exhibition record or representation by a third party.
 - Letters of reference or other documentation from gallery(s), shops, or sites where work is available for sale.
 - Contract for representation.
 - Printed materials from professional venues (postcards, ads, etc.)
 - Statement of sales provided by the representing third party.

Applicant Verification - *I verify that the information above is an accurate reflection of my self-employment experience and tenure.*

Signature _____ Printed Name _____ Date _____

TO BE COMPLETED BY THE CREDENTIALING INSTITUTION: **Verified by:** **Date:**

Occupational Experience Hours Verified _____

Occupational Experience Adequately Relates to Credential Requested _____

OCCUPATIONAL EXPERIENCE VERIFICATION GUIDELINES

All occupational experience must be after age 16 and must be within the **LAST 5 YEARS** for Health Science Technology applicants and in the **LAST 7 YEARS** for all other areas. Note: One year of full time employment = 2,000 hours.

Applicant will 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.

Determining Which Form to Use*:

- Use the **General Occupational Experience Verification** form if your occupational hours were in the service of another individual, business, and/or organization that hired you to work for them and could define for you what was to be done and how it was to be done.
- Use the **Self-Employed Occupational Experience Verification** form if any of the following apply to you.
 - You carry on a trade or business as a [sole proprietor](#) or an [independent contractor](#).
 - You are a member of a [partnership](#) that carries on a [trade or business](#).
 - You are otherwise in business for yourself (including a [part-time business](#))

*based on the IRS self Employed Tax Center guidance.

Occupational Experience Requirement:

Demonstrate adequate occupational experience by documenting verified, paid or unpaid occupational experience in the credential area within the last 7 years – except for applicants in the Health Sciences area where experience must be 4000 hours of paid experience within the past 5 years.

- An applicant with a related Bachelor degree or higher – 2,000 hours;
- An applicant with a related Associate’s degree or Industry license or certification – 4,000 hours

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 the self-employed occupational experience verification form and include copies of a Schedule C or Schedule C-EZ, the first page of an income tax return showing self-employment income or letters of reference from customers that include the dates/services rendered and cost of services.
- Proof of Professional Status * - Verifiable exhibition record or representation by a third party.
 - Letters of reference or other documentation from gallery(s), shops, or sites where work is available for sale.
 - Contract for representation.
 - Printed materials from professional venues (postcards, ads, etc.)
 - Statement of sales provided by the representing third party.

Please Note:

- 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 or other means of verifying employment.
- Applicant may use **Teaching Experience** for occupational experience if they have a related degree, correct number of occupational hours but the hours are older than 5 or 7 years AND they have been teaching in the content area. For full time applicants – 3 years full time teaching can substitute for the recent occupational hours provided the hours can be documented at some point in the career. For part time applicants – 6 years part time teaching can substitute.

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