# **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, City, State, Zip Code | Phone number |
|  |  |  |

|  |
| --- |
| E-Mail Address |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Program name | Credential name | Select one  Full Time Part Time | |
|  |  |  |  |

**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 |
|  |  |

# **GENERAL OCCUPATIONAL EXPERIENCE VERIFICATION FORM**

# *This form only needs to be completed for renewal if the applicant plans to use occupational hours to meet renewal requirements. 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) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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**

# *This form only needs to be completed for renewal if the applicant plans to use occupational hours to meet renewal requirements. 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) :\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.*

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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** formif any of the following apply to you.
  + You carry on a trade or business as a [sole proprietor](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Sole-Proprietorships) or an [independent contractor](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Independent-Contractor-Defined).
  + You are a member of a [partnership](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Partnerships) that carries on a [trade or business](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Business-Activities).
  + You are otherwise in business for yourself (including a [part-time business](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Business-Activities))

\*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>