

RENEWAL APPLICATION FOR COLORADO CAREER AND TECHNICAL CREDENTIAL

(Not an application for employment)

Postsecondary – page 1

| Last Name | First Name | Middle Name | Maiden Name |
|-----------|------------|-------------|-------------|
| | | | |

| Home Mailing Address | City/State | Zip Code | Residential Phone | Business Phone |
|----------------------|------------|----------|-------------------|----------------|
| | | | | |

| Postsecondary Institute | Date of Birth* |
|-------------------------|----------------|
| | |

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

List below the Program Pathway for which you are applying:

| Program Pathway | Type | |
|-----------------|-----------|--|
| | Fulltime | |
| | Part-time | |
| | Other | |

SUBMIT A COPY OF STATE OR FEDERAL REGISTRATION LICENSE, CERT., OR JOURNEYMAN'S CARD WHERE APPLICABLE.

*** Why we need your date of birth?**

Your date of birth is required to establish your qualification under occupational experience. It is also required to help us identify you individually and avoid confusion with someone else with the same name.

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 Credential may be revoked if any of the given information or statements are false.

| Date | Applicant Signature |
|------|---------------------|
| | |

COURSE WORK FOR RENEWAL
(Attach transcript or grade slips)

| Course Title | Inclusive Dates | Name of Institution | Semester Hours Credit |
|-----------------------------|-----------------|---------------------|-----------------------|
| | | | |
| | | | |
| TOTAL SEMESTER HOURS | | | |

SEMINARS / WORKSHOPS

| Name of Seminar/Workshop | Inclusive Dates | Name of Sponsoring Institution or Agency | Number Hours Participation | Semester Hours Credit |
|--|-----------------|--|----------------------------|-----------------------|
| | | | | |
| | | | | |
| TOTAL SEMESTER HOURS (15 Hours = 1 Semester Hour Equivalent) | | | | |

OCCUPATIONAL EXPERIENCE FOR RENEWAL

| Job Title or Position | Inclusive Dates | Employer's Name and Address | Number Hours Worked | Semester Hours Credit |
|---|-----------------|-----------------------------|---------------------|-----------------------|
| | | | | |
| | | | | |
| TOTAL SEMESTER HOURS (150 Hours = 1 Semester Hour Equivalent) | | | | |

FOR PART-TIME SATISFACTORY PERFORMANCE ONLY

I certify that _____ is a part-time instructor in our institute.
(Instructor's Name)

I further certify that this instructor's work is satisfactory and hereby request CTE credential renewal.

| | |
|-------------|--------------------------------|
| Date | Instructor Supervisor |
| | |
| | Postsecondary Institute |
| | |

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 East Lowry Blvd., Denver, CO 80230. Or to the Office of Civil Rights, U.S. Department of Education, 1691 Stout Street, Denver, CO 80204.