

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

Order official transcripts from college programs and/or certificates of completion of training programs or high school diploma/GED. And have them sent directly to your CTE department. 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.

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