# **INITIAL CTE CREDENTIAL APPLICATION**

Please be sure to complete every section of this application before submitting it to your college credentialing officer.

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| **S Number**  | **Last Name** | **First Name** | **Middle Initial** | **Previous/Maiden Name** |
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| --- | --- | --- |
| **Birthday** | **Mailing Address, City, State, Zip Code** | **Phone Number** |
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| **E-Mail Address** |
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| **Program name** | **Credential name** | **Select one****Full Time Part Time** |
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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.

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| **Name of College or University (Including special training and/or military training that applies)** | Dates Attended | **Certificate or Degree** |
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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.

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