

Administrator	School Phone
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EDUCATION

	School name and location City and State	Dates Attended		Graduate ?	Diploma, Degree
		From	To		
High School/GED	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Colleges or Universities	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If no degree, enter total number of hours earned. <input type="text"/>					
Military school(s), apprenticeship or other trade or technical training programs	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT CERTIFICATION / LICENSURE

Do you currently hold any type of teaching or administrative certification in Oklahoma? ☐ Yes ☐ No
If yes, provide the following information:

Type	_____	Number	_____	Expiration Date	_____
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What professional occupational credential do you hold?

Type	_____	Number	_____	Expiration Date	_____
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Years taught in an OK CareerTech system	<input type="text"/>	Years taught in out of state CareerTech system	<input type="text"/>
Years taught in current school district	<input type="text"/>	Total years teaching experience	<input type="text"/>

EXPERIENCE

List each position held, beginning with your present or most recent position.
Work back through previous positions and include military experience.

Dates employed		Name and address of employer	Summary of work performed
From	Mo. <input type="text"/> Yr <input type="text"/>		
To:	Mo. <input type="text"/> Yr <input type="text"/>		
Job title:			
Supervisor:			
Reason for leaving:			

Dates employed		Name and address of employer	Summary of work performed
From	Mo. <input type="text"/> Yr <input type="text"/>		
To:	Mo. <input type="text"/> Yr <input type="text"/>		
Job title:			
Supervisor:			
Reason for leaving:			

Dates employed		Name and address of employer	Summary of work performed
From	Mo. <input type="text"/> Yr <input type="text"/>		
To:	Mo. <input type="text"/> Yr <input type="text"/>		
Job title:			
Supervisor:			
Reason for leaving:			

Dates employed		Name and address of employer	Summary of work performed
From	Mo. <input type="text"/> Yr <input type="text"/>		
To:	Mo. <input type="text"/> Yr <input type="text"/>		
Job title:			
Supervisor:			
Reason for leaving:			

SUBMISSION CHECKLIST

Email the following documents or images to: certify@careertech.ok.gov

1. ☐ Completed Statement of Qualification, CareerTech Certification Plan Form, and Verification of Employment
2. ☐ Copy of official college transcript(s) or high school diploma or GED
3. ☐ Occupational Credentials (if applicable)
4. ☐ Teaching Certificate (if applicable)

ASSURANCE STATEMENT

By submitting this form and all the above supporting documentation:

Please Initial

☐

I understand that if I do not qualify for a Standard Teaching Certificate in Oklahoma, I must be working toward completion of the requirements in my area of specialization.

☐

I hereby certify that the information contained herein and all accompanying documents are correct and complete to the best of my knowledge and belief.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Oklahoma Department of Career and Technology Education does not discriminate with regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s). This policy is followed in the operation of its educational programs and activities, recruitment, admissions, and employment practices.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

COMMENTS: ODCTE PERSONNEL ONLY

Approved

☐

Not Approved

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