**Technology Center Administrator Credential Plan**

**Revised Plan/Date**

     

Ms./Mrs./Mr./Dr. Last First MI Other Names

Address:   Social Security (last 4 digits):

City, State, Zip:    Work Phone:

Email Address:    Mobile Phone:

Name of School:

Employee’s Title:

Administrator:    Email Address:

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| **Certification Type:**   * Standard Technology Center Administrator Certificate     .   🞏Provisional Technology Center Administrator Certificate     . **Five year, beginning**       **and** **ending**      **.**     * None: Does not qualify for a Standard or Provisional Credential. | |
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| **Certification Plan:**  🞏Provisional Technology Center Administrator Certificate:  Complete \_\_\_\_\_ (9 max) college semester hours and/or \_\_\_\_\_ (135 max) ODCTE approved professional development clock hours from following areas.     1. History and Philosophy of Career and Technology Education 2. Technology Center Finance 3. Career and Technology Education Curriculum; and 4. Career and Technology Education Program Planning and Development  * Does not qualify for a Standard or Provisional Credential at this time. Applicant must meet one of the following criteria listed below before they are eligible:   + - Three (3) years of experience as a Career and Technology Education teacher of an approved ODCTE career major(s)/program(s) **or**     - Three (3) years of experience as an administrator supervising and evaluating teachers of approved ODCTE career major(s)/program(s) **or**     - Three (3) years of work experience in an Oklahoma technology center **or**     - Three (3) years of experience at the Oklahoma Department of Career   and Technology Education | |

September 2016

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| **Technology Center Administrator Credential Plan-Continued**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ms./Mrs./Mr./Dr. Last First MI Other Names |
| |  |  | | --- | --- | | **Date** | **CareerTech Certification Specialist** | |  |  | | **Comments:** | | |
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| The applicant understands and consents to sharing this document with limited higher education staff at a college/university where applicant is seeking credit, for the sole purpose of ensuring coordination of educational services regarding proper certification(s). | |

**Applicant’s Signature Date**

**Administrator’s Signature Date**

**CareerTech Representative’s Signature Date**

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| Print, sign, obtain Administrator’s signature, scan and email completed form to [certify@careertech.ok.gov](mailto:certify@careertech.ok.gov) or mail completed form to Niki Burch, Certification Specialist, ODCTE, 1500 West Seventh Avenue, Stillwater, OK, 74074-4364. |

September 2016