# **ACC POST SECONDARY 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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| **CTE Courses To Be Taught** | **Credential name (to be filled in by ACC)** | **Select one**  **Initial credential or Renewal** | |
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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

**Attach a copy** of **official** transcripts from college programs and/or certificates of completion of training programs or high school diploma/GED. 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, licenses, 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.

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

### OCCUPATIONAL EXPERIENCE VERIFICATION GUIDELINES

All occupational experience must be after age 16 and must be within the **LAST 5 YEARS** for Health Science Technology applicants and in the **LAST 7 YEARS** for all other areas. Note: One year of full time employment = 2,000 hours. ***Note: Current teachers applying to teach ACC campus-based, online, or concurrent enrollment CTE courses may include non-teaching occupational hours that are older than the 5 or 7 year requirement if they have the required degree (and license/certifications as listed) AND a minimum of 3 years full-time teaching experience in the discipline/program or 6 years part-time teaching experience in the discipline/program.***

Applicant will complete the top portion and forward to an employer to complete the second portion. Please request the employer to return the form to you. Keep a copy for your records and submit the original with your application materials.

**Determining Which Form to Use\*:**

* Use the **General Occupational Experience Verification** form if your occupational hours were in the service of another individual, business, and/or organization that hired you to work for them and could define for you what was to be done and how it was to be done.
* Use the **Self-Employed Occupational Experience Verification** formif any of the following apply to you.
  + You carry on a trade or business as a [sole proprietor](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Sole-Proprietorships) or an [independent contractor](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Independent-Contractor-Defined).
  + You are a member of a [partnership](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Partnerships) that carries on a [trade or business](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Business-Activities).
  + You are otherwise in business for yourself (including a [part-time business](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Business-Activities))

\*based on the IRS self Employed Tax Center guidance.

Occupational Experience Requirement:

**Demonstrate adequate occupational experience** by documenting verified, paid or unpaid occupational experience in the credential area within the last 7 years – except for applicants in the Health Sciences area where experience must be 4000 hours of paid experience within the past 5 years.

* An applicant with a related Bachelor degree or higher – 2,000 hours;
* An applicant with a related Associate’s degree or Industry license or certification – 4,000 hours

***Other types of occupational experience verification accepted:***

* Letters of reference from employers stating employment dates and duties
* Military discharge papers (DD 214) or other military verification of duties performed and dates
* Self-employment\* – complete the self-employed occupational experience verification form and include copies of a Schedule C or Schedule C-EZ, the first page of an income tax return showing self-employment income or letters of reference from customers that include the dates/services rendered and cost of services.
* Proof of Professional Status \* - Verifiable exhibition record or representation by a third party.
  + Letters of reference or other documentation from gallery(s), shops, or sites where work is available for sale.
  + Contract for representation.
  + Printed materials from professional venues (postcards, ads, etc.)
  + Statement of sales provided by the representing third party.

**Please Note:**

* For **closed business**, no records available or unavailable employers, please complete both sections and submit copies of W-2 forms relative to first and last dates of employment or other means of verifying employment.
* Applicant may use **Teaching Experience** for occupational experience if they have a related degree, correct number of occupational hours but the hours are older than 5 or 7 years AND they have been teaching in the content area. For full time applicants – 3 years full time teaching can substitute for the recent occupational hours provided the hours can be documented at some point in the career. For part time applicants – 6 years part time teaching can substitute.

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 E. Lowry Blvd. Bldg. 959, Denver, Co. 80230. Or to the Office of Civil Rights, U.S. Department of Education, 1691 Stout Street, Denver, Co. 80204.

**Submit completed application to:**

The Credentialing Officer at your postsecondary institution

For a complete list of credentialing officers see <http://www.coloradostateplan.com/cred_officers.htm>

# **GENERAL OCCUPATIONAL EXPERIENCE VERIFICATION FORM**

*Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful non-teaching occupational experience (see Guidelines page for teaching exception) in the specific skill area to be taught. Please see the Occupational Experience Verification Guidelines page to determine which form to use.*

# **TO BE COMPLETED BY THE APPLICANT**

I authorize my present/prior employer to furnish the following information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Applicant Signature Printed Name Date

***This form is not valid unless the following area is completed***.

**TO BE COMPLETED BY THE PRIOR/PRESENT EMPLOYER\*:**

***Please and return this form to the above applicant after completion***

The above named person was employed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Phone:

Address (Mailing or Email):

Employment was Full \_\_\_\_\_\_\_\_\_\_Part\_\_\_\_\_\_\_\_\_\_ Time Please note total hours

(1 year full time = approximately 2,000 hours)

Position Title:

Description of Duties (Attach Position Description if possible) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employer Verification - *I verify that the information above is an accurate reflection of the employee’s experience and tenure with our company/organization.*

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Signature Printed Name Date

**\*For closed business, no records available or unavailable employers, please complete both sections and submit copies of W-2 forms relative to first and last dates of employment or other means of verifying employment.**

### TO BE COMPLETED BY THE CREDENTIALING INSTITUTION: Verified by: Date:

### Occupational Experience Hours Verified

### Occupational Experience Adequately Relates to Credential Requested

# **SELF-EMPLOYED - OCCUPATIONAL EXPERIENCE VERIFICATION FORM**

*Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful non-teaching occupational experience (see Guidelines page for teaching exception) in the specific skill area to be taught. Please see the Occupational Experience Verification Guidelines page to determine which form to use.*

# **TO BE COMPLETED BY THE APPLICANT**

**Self -Employment** was Full \_\_\_\_\_\_\_\_\_\_Part\_\_\_\_\_\_\_\_\_\_ Time Please note total hours

(1 year full time = approximately 2,000 hours)

Self Employment was from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Duties/Projects (Attach example scope of work if possible) :\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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Applicant must also validate self- employment or professional status by providing one or more of the following **for each year of employment that you included in the hours above:**

* Proof of Self Employment
  + copies of a Schedule C or Schedule C-EZ
  + the first page of an income tax statement showing self-employment income or
  + letters of reference from customers that include the dates/services rendered and cost of services
* Proof of Professional Status - Verifiable exhibition record or representation by a third party.
  + Letters of reference or other documentation from gallery(s), shops, or sites where work is available for sale.
  + Contract for representation.
  + Printed materials from professional venues (postcards, ads, etc.)
  + Statement of sales provided by the representing third party.

Applicant Verification - *I verify that the information above is an accurate reflection of my self-employment experience and tenure.*

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Signature Printed Name Date

### TO BE COMPLETED BY THE CREDENTIALING INSTITUTION: Verified by: Date:

### Occupational Experience Hours Verified

### Occupational Experience Adequately Relates to Credential Requested

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