

State Board for Educator Certification

Statement of Qualifications for Secondary Career and Technology Certification

Authority for Data Collection:

19 TAC Chapter 230, Subchapter P, §230.483(g) - Approval of career and technology education teachers based on prior experience and preparation in a skill area.

Planned Use of the Data: Evaluate candidates for qualification for Trade and Industrial Education, Health Science Technology Education, Marketing Education, Occupational Education, or Office Education certification and use as basis for issuance of certification.

Instructions:

- (1) Persons seeking certification in one of the above listed areas should complete this form,
- (2) Print or type all information,
- (3) Make 3 Copies: Teacher Certification Program (Original)
Employing School District
Teacher copy
- (1) If you have questions, contact State Board for Educator Certification at 1-888-863-5880

1) Name _____
Last Name First Name Middle Initial

2) Social Security Number _____ - _____ - _____

3) Mailing Address

Street Address City State Zip Code

4) Phone Number: () _____ - _____

5) Email Address: _____

6) Date of Birth: (MM, DD, YYYY) _____

7) Title of specific subject areas for which you wish to qualify (check one):

Trade and Industrial Education
List specific work approval area(s) for which this SOQ is being submitted.
1) _____ 2) _____

Health Science Technology Education

Marketing Education

Occupational Orientation

Office Education

8) Employing school district or Preparation program name _____
C/D# _____

Instructions: Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school. If you were regularly employed by two separate employers at the same time, list the full-time employment on one line and the part-time employment on the following line.

Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. 12 months of wage-earning experience consisting of at least 40 hours per week shall equal one year of full-time experience. Wage-earning experience consisting of less than 40, but at least 20, hours per week shall be calculated at a 50% rate in determining years of full-time experience. Wage-earning experience consisting of less than 20 hours per week shall not be considered acceptable in determining full-time experience.

12) Employment History Related to the Assignment (attach additional sheets if necessary)						
Position Title						<input type="checkbox"/> Full-time
Employer						<input type="checkbox"/> Part-Time
Mailing Address						<input type="checkbox"/> Summer
City, State / Zip						<input type="checkbox"/> Temp/Project
Employer's Telephone No. AC ()						Average # of hours worked per week:
Immediate Supervisor Name and Title						
Starting Date		Leaving Date			Trade or Skilled Work Personally Performed by You. Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).	
Mo	Day	Yr	Mo	Day		
Position Title						<input type="checkbox"/> Full-time
Employer						<input type="checkbox"/> Part-Time
Mailing Address						<input type="checkbox"/> Summer
City, State / Zip						<input type="checkbox"/> Temp/Project
Employer's Telephone No. AC ()						Average # of hours worked per week:
Immediate Supervisor Name and Title						
Starting Date		Leaving Date			Trade or Skilled Work Personally Performed by You. Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).	
Mo	Day	Yr	Mo	Day		
Position Title						<input type="checkbox"/> Full-time
Employer						<input type="checkbox"/> Part-Time
Mailing Address						<input type="checkbox"/> Summer
City, State / Zip						<input type="checkbox"/> Temp/Project
Employer's Telephone No. AC ()						Average # of hours worked per week:
Immediate Supervisor Name and Title						
Starting Date		Leaving Date			Trade or Skilled Work Personally Performed by You. Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).	
Mo	Day	Yr	Mo	Day		

12) References: Indicate below the names of three persons qualified to comment regarding your wage-earning experience.

Name	Address	Phone Numbers	Occupation

13) Applicant's Affidavit:

_____ (Name in full), affirm that:

the above information is, to the best of my knowledge, a true a statement of facts concerning date of birth, education, teaching experience, and occupational experience;

- I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technical Education teacher; and
- I understand that I must complete an approved educator preparation program for the certification sought and/or workshops conducted or sponsored by the Texas Education Agency.

Applicant's Signature: _____ Date: _____

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature

14) To be completed by the educator preparation program approved to offer training for the Career and Technical Education certificate sought.

"I have reviewed the experience and qualifications represented herein and approve this applicant for employment in the following Career and Technical programs."

___ Trade and Industrial Education

List specific trade and industrial work approval area(s) for which this SOQ is being submitted.

1) _____ 2) _____

___ Health Science Technology Education

___ Marketing Education

Total number of years of work experience in the areas indicated above _____

Name of Program Certification Officer _____

Signature of Program Certification Officer _____ Date _____

Name of Program Area Representative _____

Signature of Program Area Representative _____ Date _____

Name of Educator Preparation Program _____

Program Organizational ID number _____