|  |
| --- |
| ODCTE Personnel Only |
| **Approved** | [ ]  | [**See Comments**](#Comments) |
| **Not Approved** | [ ]  | [**See Comments**](#Comments) |
| **Certification Specialist** |       |

Statement of Qualification

**Date:**   /  /

**Division in which you will teach:** **[ ]  Ag** **[ ]  BMITE** **[ ]  FACS** **[ ]  Health** **[ ]  STEM** **[ ]  T&I** **[ ]  Other**

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| **Revised 6/24/2021****PERSONAL DATA** |
| Name |       |       |       |      |
|  | Last | First | Middle | Last 4 digits of Social Security # |
|  |
| Present Address |       |       |       |       |       |  |
|  | Number | Street | City | State | Zip |  |
| Permanent Address |       |       |       |       |       |  |
|  | Number | Street | City | State | Zip |  |
|  |
| Cell Phone |    -   -     |  |  |  |  |  |
| Work Phone |    -   -     |  |  |  |  |  |
| Personal E-Mail |       |  |  |  |  |  |
| Work Email |       |  |  |  |  |  |

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| **SCHOOL POSITION** |
| School |       | Program Name |       |
|  |
| School Address |       |       |       |       |       |  |
|  | Number | Street | City | State | Zip |
| Start Date |   /  /     | New Position?  | [ ]  | Yes | [ ]  | No |
| Position Type | [ ]  | Coordinator | [ ]  | Instructor | [ ]  | Other |
| Administrator |       | School Phone  |    -   -     |

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| **SUMMARY OF EMPLOYMENT EXPERIENCE**  |
| List total years of experience: |
| Clinical | Practice | Administration | Military | Other |
|       |       |       |       |       |

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| **EDUCATION** |
| Complete informationrequested for eachlevel of education | School name and locationCity and State | Dates Attended | YearGraduated | Type of Certificate,Diploma, Degreeand Major |
|  |  | From To |  |  |
| GED  |       |             |       |       |
| High School |       |             |       |       |
| College or University |       |             |       |       |
|  |       |             |       |       |
|  |
| If no degree, enter total number of hours earned. |       |  |  |  |
|  |
| Military school(s), apprenticeship or other trade or technical training programs |       |             |       |       |
|  |       |             |       |       |
| **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 |   /  /     |
| Type |       | Number |       | Expiration Date |   /  /     |
|  |
| What professional occupational credential do you hold? |       |
| Type |       | Number |       | Expiration Date |   /  /     |
| For Nursing License documentation, visit the Oklahoma Board of Nursing’s web site and use the Licensure Verification feature.<http://www.youroklahoma.com/nursing/verify>. Perform search and print the results to be submitted with this form. |
|  |
| Years taught in an OK CareerTech system |       | Years taught in out of state CareerTech system |       |
| Years taught in current school district |       | Total years teaching experience |       |

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| **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.       Yr       |       |       |
| To: | Mo.       Yr       |       |
|  |
| Job title:  |    |
| Supervisor:  |    |
| Reason for leaving:  |    |
|  |
| Dates employed | Name and address of employer | Summary of work performed |
| From | Mo.       Yr       |       |       |
| To: | Mo.       Yr       |       |
|  |
| Job title:  |    |
| Supervisor:  |    |
| Reason for leaving:  |    |
|  |
| Dates employed | Name and address of employer | Summary of work performed |
| From | Mo.       Yr       |       |       |
| To: | Mo.       Yr       |       |
|  |
| Job title:  |    |
| Supervisor:  |    |
| Reason for leaving:  |    |
|  |
| Dates employed | Name and address of employer | Summary of work performed |
| From | Mo.       Yr       |       |       |
| To: | Mo.       Yr       |       |
|  |
| Job title:  |    |
| Supervisor:  |    |
| Reason for leaving:  |    |

**SUBMISSION CHECKLIST**

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

1. **[ ]** Completed Statement of Qualification
2. **[ ]** Copy of college transcript(s) or evidence of high school completion; ie high school diploma or GED
3. **[ ]** Follow up with official transcripts to CareerTech at the address at the top of this form
4. **[ ]** Occupational Credentials (if applicable)
5. **[ ]** 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**

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| --- |
| [COMMENTS: ODCTE PERSONNEL ONLY](#ODCTE_Personnel_Only) |
| Approved [ ]       |
|  |
| Not Approved [ ]       |