

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 or email at sbec@sbec.state.tx.us

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) Education - NOTE: Applicants may be required to provide proof of diploma, degree, or transcripts.

Indicate Highest Grade Completed: 9 10 11 12 College

Did you graduate from high school or receive a GED? Yes No

If applicable, submit a copy of test scores for general educational development test and certificate of high school equivalency.

Type Of School	Name and Location Of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type Of Diploma Or Degree	Major/Minor Field Of Study
		From		To						
		Mo	Yr	Mo	Yr					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical Vocational or Business Schools										

9) License/Registration - Trade and Industrial Education and Health Science Technology Education certification require current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instruction is offered.

License / Certification (P.E., RCN, Attorney, CPA, etc.)	Date Issued	Date Expires	Issued by / Location of Issuing Authority (State or other Authority (City, State))	License No.

10) Special Training/Skills/ Qualifications: List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed. (Attach additional page, if necessary)

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.

11) 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.		
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).
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.		
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).
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.		
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

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

Name	Address	Phone Number	Occupation

13) Applicant's Affidavit:

I, _____ (Name in full), affirm that:

- the above information is, to the best of my knowledge, a true 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 Technology 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: _____

14) To be completed by School District or teacher certification program approved to offer training for the Career and Technology Education certificate sought.

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

Occupational Orientation

Office Education

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

Signature of Program Certification Officer _____

Signature of Program Area Representative _____

Superintendent of Employing School District _____

Date: _____