



Office of Educator Quality

Licensure Application Packet

for

Secondary and Postsecondary

Application for Career & Technical Educator License Secondary & Postsecondary

Please carefully follow these directions.

Application can be uploaded as a PDF document to the educator's management system account.

If the educator is coming from industry and does not have a teaching license number, please contact the Mississippi Department of Education to create an ED ID before uploading any documents. The educator should upload pages three (3) and four (4) of the CTE Application. Please note, Section H is not required for a five year license/endorsement.

All transcripts from all institutions must be submitted directly by the university or college electronically in a secure electronic format via National Student Clearinghouse, Parchment, or any other transcript exchange service provider. For efficient document-to-applicant verification, please request that the institution include the following information as part of the official transcript: 1) your date of birth 2) the last four digits of your social security and 3) your first and last name as it appears in your ELMS account. Transcripts uploaded in your ELMS account will not be accepted for licensure review. Electronic transcripts may be transmitted by the university or college to transcript@mdek12.org. This email address is used for the purpose of submitting official transcripts only.

Checklist

- 3-yr Career & Technical Educator Licensure
 - "Application for Career & Technical Educator License" Form (OEL V1-03)
 - College academic transcript(s) (if not already on file with Licensure)

- Converting 3-yr Career & Technical Educator License to a 5-yr License
 - "Application for Career & Technical Educator License" Form (OEL V1-03)
 - Verification of completion of VIP Program
 - Acceptable proof of occupational competency
 - Copy of Professional Development Plan established under Vocational Instructor Preparation (VIP) program and documentation that the plan has been successfully completed

- Renewal or Reinstatement of License
 - "Application for Career & Technical Educator License" Form (OEL V1-03)
 - AND**
 - Official Transcript(s)
 - OR**
 - CEUs
 - OR**
 - Related Work Experience

Application for Career & Technical Educator License

(Type or print in black ink only)

Section A: Applicant Information

1. Social Security Number: _____

2. Name: _____

Last
First
Middle
Maiden

3. Address: _____

Number and Street
Apt. #

City
State
Zip

4. Phone: _____
5. Email: _____

6. Birth Date: _____ Gender: _____ (F=Female; M=Male)

7. Ethnicity: Please check the applicable category

<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black—non Hispanic	<input type="checkbox"/> White—non Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____	

(Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)

8. Character Determination: Check yes or no to the left of each question.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently addicted or currently dependent on alcohol?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently addicted or currently dependent on other habit-forming drugs?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted or pled guilty to a felony as defined by federal or state law? ** (For the purpose of this question, a "guilty plea" includes a plea of guilty, entry of a plea of nolo contendere, or entry of an order granting pretrial or judicial diversion.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted or pled guilty to a sex offense as defined by federal or state law? ** (For the purpose of this question, a "guilty plea" includes a plea of guilty, entry of a plea of nolo contendere, or entry of an order granting pretrial or judicial diversion.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law? **
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a certificate/license denied, suspended, and/or revoked by MS or another state? Have you voluntarily surrendered a certificate/license?

If you answered yes to any of the above questions, please provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation will be initiated.

**If you answered "yes", please submit official copies of court record including disposition of case.

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature: _____ **Date:** _____

Section B: Licensure Information

9. Level: Secondary (High School) Postsecondary (Community College)
10. Class of License for which you are applying: __A (Bachelor) __AA (Master) __AAA (Specialist) __AAAA (Doctorate)
11. Endorsement Area Requested: _____ Code: _____
12. 3-yr License 5-yr License Converting 3-yr to 5-yr License Renewal or Reinstatement

Section C: Education

College/University Attended	Date	Degree Earned
College/University Attended	Date	Degree Earned

Section D: Teaching Experience

Courses Taught	From Mo/Yr	To Mo/Yr	School & Location	Official to Contact

Section E: Occupational Work Experience (in the subject area to be taught)

Position	From Mo/Yr	To Mo/Yr	Employment in Months	Name/Address of Employer	Monthly Compensation

Section F: Health Occupations (to be completed by Health Occupations applicants only)

Specific Occupation _____ State in which you have license/registration _____

Original State Board license/registration _____ License/registration Number _____ Date _____

Are you currently registered or licensed in Mississippi? Lic/Reg # _____

Section G: Applicant's Signed Statement

I, _____ certify that the foregoing statements are true and correct.

(Print applicant's full name)

Applicant's Signature _____ Date _____

Section H: Career & Technical Director's Signed Statement

Please read and complete A - F before signing this application.

A. The applicant has the appropriate academic degree.

B. The applicant completed a minimum of _____ months of appropriate work experience in the occupation s/he plans to teach.

C. The applicant will be employed to teach _____ by our school district contingent upon licensing.

D. Date of Employment _____ E. Date of next available VIP Session _____

F. I, _____ certify that the foregoing statements have been verified by me and are to the best of my knowledge and belief true and correct.

(Print CTE Director's Full Name)

CTE Director's Signature _____ Date _____

CTE Center's Name _____ Phone Number _____

Superintendent's Signature _____ Date _____