



# **Office of Educator Quality**

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## **Licensure Application Packet**

**for**

**Secondary and Postsecondary**

## Application for Career & Technical Educator License Secondary & Postsecondary

Please carefully follow these directions.

**Application should be uploaded as a PDF document to the educator's Educator Licensure Management System (ELMS) 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](mailto:transcript@mdek12.org). This email address is used for the purpose of submitting official transcripts only.

### Checklist

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 3-yr Career & Technical Educator Licensure  |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03)  |
| <input type="checkbox"/> | College academic transcript(s) (if not already on file with Licensure)  |
| <input type="checkbox"/> | Converting 3-yr Career & Technical Educator License to a 5-yr License   |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03)  |
| <input type="checkbox"/> | Verification of completion of VIP Program   |
| <input type="checkbox"/> | Acceptable proof of occupational competency   |
| <input type="checkbox"/> | Copy of Professional Development Plan established under Vocational Instructor Preparation (VIP) program and documentation that the plan has been successfully completed |
| <input type="checkbox"/> | Renewal or Reinstatement of License   |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03)  |
|                          | <b>AND</b>  |
| <input type="checkbox"/> | Official Transcript(s)  |
|                          | <b>OR</b>   |
| <input type="checkbox"/> | CEUs  |
|                          | <b>OR</b>   |
| <input type="checkbox"/> | 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. #

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City
State
Zip
  
4. Phone: \_\_\_\_\_ 5. Email: \_\_\_\_\_
  
6. Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ (F=Female; M=Male)
  
7. Ethnicity: Please check the applicable category  

American Indian

Alaskan Native

Asian

Black—non Hispanic

White—non Hispanic

Hispanic

Pacific Islander

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.  

Yes     No    Are you currently addicted or currently dependent on alcohol?

Yes     No    Are you currently addicted or currently dependent on other habit-forming drugs?

Yes     No    Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?

Yes     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.)

Yes     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.)

Yes     No    Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law?\*\*\*

Yes     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 \_\_\_\_\_