License Type:

_____

(Indicate type)

STATE OF OHIO
DEPARTMENT OF EDUCATION

Office of Career-Technical and Adult Education
in cooperation with college and university teacher education approved programs and Ohio school districts

CTE-36 Qualification Evaluation Form

for

_____

(Type or Print Applicant Name) to determine

ELIGIBILITY TO TEACH CAREER-TECHNICAL EDUCATION AND TO ENTER A CAREER

TECHNICAL TEACHER EDUCATION APPROVED PROGRAM

in the _____ program

CAREER-TECHNICAL EDUCATION CAREER FIELD (Check one)

_____ Agriculture _____ Arts and Communication _____ Business and Administrative Services
_____ Construction Technology _____ Education and Training _____ Engineering and Science Technology
_____ Finance _____ Government and Public Administration _____ Health Science _____ Hospitality and Tourism
_____ Human Services _____ Information and Technology _____ Law and Public Safety
_____ Manufacturing Technologies _____ Marketing Education _____ Transportation Systems

____ Secondary (Full Time) ____ Secondary (Substitute) ____ Adult (Full Time)

REQUEST FOR EVALUATION*

I have discussed with this applicant the requirements to obtain and hold licensure, as well as the classroom responsibilities of a Career-Technical teacher as they pertain to the licensure area desired by this person. A review of this person's credentials will be conducted to determine whether the appropriate education, work experience, and industry credential requirements have been met.

(Signature of Superintendent, Director, Supervisor or (Date) Teacher Educator of Career-Technical Education Programs)

(Name—Type or Print) (Title)

(School) (Area Code—Phone) (E-mail)

(Street Address) (City) (State) (ZIP)

***Applicants are strongly encouraged to discuss program instruction and the licensure process with a Career-Technical administrator or teacher educator; however, it is not a requirement for submitting a Qualification Evaluation Form.** *Revised-10/11*

QUALIFICATION EVALUATION FORM CTE-36

ITEM 1 – PERSONAL DATA

First name	Initial	Last Name	Sex	Birthdate
			☐ **M** ☐ **F**	s

Home Address	City	State	Zip	Area Code - Phone

E-Mail Address

If a diploma, certificate or license has been issued under another name, please so indicate in parentheses ( ) below present name. Correspondence concerning this evaluation will be made to the address entered above.

ITEM II - EDUCATIONAL/TRAINING RECORD

Enter data below and submit a *copy* of a record to verify ALL appropriate educational levels completed, as well as Career-Technical programs or special schools attended (e.g., Ohio Equivalency Certificate, high school diploma, Career-Technical certificate/license, transcript of technical, college, or university credit, etc.). A *copy* of the current industry license must accompany this application when for an area where licensure is required (e.g., professional nursing, cosmetology instructor, etc.). *Please do not submit originals as they cannot be returned.*

School	**Circle Year Completed**	**Name of School**	**Address City State**		**Program of Study *** Including coursework relevant to licensure area	**Degree**	**Date Completed**
Secondary	**1 2 3 4**						
Career-Technical	**1 2 3**						
Technical	**1 2 3**						
College or University	**1 2 3 4 5 6**						
Other	**1 2 3**						

* Career-technical, technical, college, military and apprenticeship training or coursework will be evaluated for credit toward the required years of occupational experience.

ITEM III - PRIOR TEACHING EXPERIENCE

Enter ALL public, private, armed forces, etc. teaching experience. (If none, write "no experience.") Include subjects taught in each school. Designate the number of actual academic teaching months. A copy of your *current* teaching certificate/license MUST accompany this application for a field where teaching experience is required. Teaching experience outside Ohio must be verified by a letter from the former employing school system.

Name of School	Address		Dates of Employment		Number Of Months	Subjects Taught
	City	State	From Mo./Yr.	To Mo. /Yr.		

ITEM IV - EMPLOYMENT EXPERIENCE (Non-teaching)

Enter ALL employment experiences related to the licensure (teaching) area for which you are applying. Also attach any industry licenses or credentials.

For each employer, submit material to document the work experience by either submitting an "Employment Verification" form (see last page) that has been completed and signed by the employer, or submitting a letter on the employer's stationery. Letters must include the following: 1) date, 2) dates of employment, 3) job title and duties, and 4) average hours worked per week.

When self-employment is listed, submit the following: 1) "Employment Verification" form (see last page) completed and signed by you (this signature MUST be notarized), 2) three reference letters from long-time customers that include the following: the current date, dates services were provided, a description of the services provided, and the approximate number of hours involved by the applicant, 3) a letter from the business's accountant that verifies all of the following: the applicant was self-employed during the time span indicated on the CTE-36, the applicant's business was the one named on the CTE-36, the applicant worked in the business for the number of hours indicated on the CTE-36 and the candidate performed the skills/duties indicated on the "Employment Verification" form.

Name of Employer (List last employer first)	Address		Dates of Employment		Average Hrs. Worked Per Week
	City	State	From	To	
			Mo./Yr.	Mo./Yr.	

For Teacher Education Use Only

IF YOU FAIL TO PROVIDE ALL NECESSARY INFORMATION AND DOCUMENTATION, ALL MATERIALS SUBMITTED WILL BE RETURNED. After finishing this form, CHECK for completeness, SIGN below, and send to the address printed on the front of this Qualification Evaluation Form.

I HERBY CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Must be notarized if self-employment is to be counted toward work experience requirement.

APPLICANT SIGNATURE_____ DATE_____

If approved, a copy of the CTE-36 should be forwarded with the CTE-37 to the selected university. The original must be retained on file by the hiring district for the length of the applicant's employment.

(This page may be duplicated to document employment records from multiple employers.)

EMPLOYMENT VERIFICATION

(Employee-please complete this section.)

_____ _____
(Name) (Social Security Number)

_____
(Street Address) (City) (State) (Zip) (Area Code-Phone)

(Employer please complete this section)

The following information from company records is verification of employment of the above named individual.

Dates of Employment: from _____to _____
(month/year) (month/year)

Average Hours Worked per Week:

Job Title:

Describe Skills/Duties Performed:

Comments:

(Please use additional paper as required.)

_____ _____ _____
(Name) Type of Print) (Title) (Authorized Signature) (Date)

_____ _____
(Company/Firm) (Area Code-Phone)

_____
(Street Address) (City) (State) (Zip)