

STATE OF OHIO  
DEPARTMENT OF EDUCATION

**Office of Career-Technical Education**  
**CTE-36 Qualification Evaluation Form**

---

(Type or Print Applicant Name)

ELIGIBILITY TO TEACH CAREER-TECHNICAL EDUCATION THROUGH THE ALTERNATIVE  
RESIDENT EDUCATOR (Alt-RE) LICENSURE PATHWAY

**CAREER-TECHNICAL EDUCATION CAREER FIELD (Check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture and Environmental Systems        | <input type="checkbox"/> Finance                |
| <input type="checkbox"/> Arts & Communications                        | <input type="checkbox"/> Health Science         |
| <input type="checkbox"/> Business Administration                      | <input type="checkbox"/> Hospitality & Tourism  |
| <input type="checkbox"/> Career-Based Intervention                    | <input type="checkbox"/> Human Services         |
| <input type="checkbox"/> Construction Technologies                    | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Education & Training                         | <input type="checkbox"/> Law & Public Safety    |
| <input type="checkbox"/> Engineering & Science Technologies           | <input type="checkbox"/> Manufacturing          |
| <input type="checkbox"/> Family & Consumer Sciences (Substitute Only) | <input type="checkbox"/> Marketing              |
|   | <input type="checkbox"/> 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 educational and work experience requirements have been met.

---

(Signature of Superintendent, Director, Supervisor) (Date)

---

(Name—Type or Print) (Title)

---

(School) (Area Code—Phone) (E-mail)

---

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

**QUALIFICATION/EVALUATION FORM CTE-36**

**ITEM I - PERSONAL DATA**

First Name	Middle Initial	Last Name	Social Security	Sex	Birthdate
				__ M __ F	

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.

**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 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 a letter on the employer’s stationery. Letters must include the following: 1) date, 2) dates of employment, 3) job title and duties.

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, 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, and the candidate performed the skills/duties indicated on the “Employment Verification” form.

Name of Employer (List last employer first)	Address/City/State	Dates of Employment	
		From MM/YY	To MM/YY

IF YOU FAIL TO PROVIDE ALL NECESSARY INFORMATION AND DOCUMENTATION, ALL MATERIALS SUBMITTED WILL **NOT** BE RETURNED.

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 \_\_\_\_\_

***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 \_\_\_\_\_  
(MM/YY) (MM/YY)

**Job Title:**

**Describe Skills/Duties Performed:**

**Comments:**

(Please use additional paper as required.)

---

(Name) (Type or Print) \_\_\_\_\_ (Title) \_\_\_\_\_ (Authorized Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Company/Firm) \_\_\_\_\_ (Area Code—Phone) \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_