



INITIAL

Applicant must upload this form with the online application for the initial license. This form is for Career-Technical Workforce Development (CTWD) licensure only.

Last Name	First Name	Educator State ID
Please check only ONE box:	L	l
Initial 2-Year CTWD	Initial 1-Year	5-Year Advanced CTWD
License	Supplemental CTWD	Educator License (Candidate
	License or Endorsement	Must Hold a 5-Year
		Professional License)
Teaching Field(s) and Endorsement(s):		
Applicant Verification: I understand that I		
must complete an approved career-		
technical workforce development		
program, including coursework and		
teaching requirements.	Applicant Signature	Date
School Employment Verification: I verify		
that the applicant meets the criteria		
necessary for the license(s) or endorsement(s) requested, based upon	Superintendent or Designee Name	Superintendent or Designee Signature and Date
evaluation of the employment and		
educational credentials submitted,		
including a completed CTE-36.		
	School District	School District IRN
University Verification: I verify that the		
applicant has been accepted in an		
approved career-technical workforce		
development program at the university.	University Dean or Designee Name	University Dean or Designee Signature and Date
	-	-
Name of University		

CTE-37 Instructions:

- 1. The employing school district initiates the CTE-37.
- 2. The candidate signs, dates and selects the university name on the CTE-37.
- 3. The employing school district superintendent or designee signs the CTE-37 to verify the candidate meets the criteria for the requested license(s) or endorsement(s).
- 4. The university signs the CTE-37 to verify the candidate is accepted into the applicable university program.