

## **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
N. I. I. ONE.		
Please check only ONE box:  Initial 2-Year CTWD License	Initial 1-Year Supplemental CTWD License or Endorsement	5-Year Advanced CTWD Educator License (Candidate 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.

