

**ADVANCE/ADD AREA**

**Applicant must upload this form with the online licensure advance or add area application. This form is for Career-Technical Workforce Development (CTWD) licensure only.**

Last Name		First Name		Educator State ID					
<p><b>Please check only ONE box:</b></p> <table border="0"> <tr> <td>Advance 2-Year CTWD License to 5-Year Advanced CTWD Educator License</td> <td>Advance 1-Year Supplemental CTWD License to 5-Year Professional CT License or Advanced CTWD Educator License</td> <td>Advance 4-Year Alternative CTWD Resident Educator License to 5-Year Professional CT License</td> <td>Add CTWD Teaching Field to Existing CTWD License or Add CBI Endorsement to Existing License</td> </tr> </table>						Advance 2-Year CTWD License to 5-Year Advanced CTWD Educator License	Advance 1-Year Supplemental CTWD License to 5-Year Professional CT License or Advanced CTWD Educator License	Advance 4-Year Alternative CTWD Resident Educator License to 5-Year Professional CT License	Add CTWD Teaching Field to Existing CTWD License or Add CBI Endorsement to Existing License
Advance 2-Year CTWD License to 5-Year Advanced CTWD Educator License	Advance 1-Year Supplemental CTWD License to 5-Year Professional CT License or Advanced CTWD Educator License	Advance 4-Year Alternative CTWD Resident Educator License to 5-Year Professional CT License	Add CTWD Teaching Field to Existing CTWD License or Add CBI Endorsement to Existing License						
Teaching Field(s) and Endorsement(s):									
<p><b>Applicant Verification:</b> <i>I have met all career-technical workforce development program and teaching requirements for the requested teaching field(s) or endorsement(s).</i></p>		Applicant Signature		Date					
<p><b>School Employment Verification:</b> <i>I verify the applicant has mastered applicable CTWD competencies in the teaching position requiring the license(s) or endorsement(s).</i></p>		Superintendent or Designee Name		Superintendent or Designee Signature and Date					
		School District		School District IRN					
<p><b>University Verification (check only if applicable):</b></p> <table border="0"> <tr> <td><i>I verify that the applicant has passed the summative performance based assessment (PBA) outlined by Ohio Revised Code.</i></td> <td><i>I verify that the applicant has successfully completed an approved career-technical workforce development program.</i></td> </tr> </table>						<i>I verify that the applicant has passed the summative performance based assessment (PBA) outlined by Ohio Revised Code.</i>	<i>I verify that the applicant has successfully completed an approved career-technical workforce development program.</i>		
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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 completed program requirements.
4. The university signs the CTE-37 to verify the candidate completed the university program, including passing the PBA, if applicable.