Office of Educator Quality

Licensure Application Packet

for

Secondary and Postsecondary
Application for Career & Technical Educator License
Secondary & Postsecondary

Please carefully follow these directions.

For VIP Completers:
Complete all applicable areas of the Application for Career & Technical Educator License. Mail all required documents (please note all items required are on the checklist) to:

MS Dept of Education
Attn: Tonya Gipson
Office of Career & Technical Education
P.O. Box 771
Jackson, MS 39205-0771

For all other applications:
Complete all applicable areas of the Application for Career & Technical Educator License. Mail all required documents as a single, complete packet (please note all items required are on the checklist) to:

MS Dept of Education
Office of Educator Licensure
P.O. Box 771
Jackson, MS 39205-0771

All transcripts from all institutions must be submitted in a sealed envelope(s) bearing the seal or signature of the registrar. It may be mailed to you, and may be stamped “student issued.” Do not open the sealed envelope. The Office of Educator Licensure is now also accepting electronic transcripts through eScrip-Safe from those institutions that are members of eScrip and can send electronic transcripts. (This is the quickest, most secure way to get your transcript to the Office of Educator Licensure.)

Checklist

☐ 3-yr Career & Technical Educator Licensure
   ☐ “Application for Career & Technical Educator License” Form (OEL V1-03)
   ☐ College academic transcript(s) (if not already on file with Licensure)

☐ Converting 3-yr Career & Technical Educator License to a 5-yr License
   ☐ “Application for Career & Technical Educator License” Form (OEL V1-03)
   ☐ Verification of completion of VIP Program
   ☐ Acceptable proof of occupational competency
   ☐ Copy of Professional Development Plan established under Vocational Instructor Preparation (VIP) program and documentation that the plan has been successfully completed

☐ Renewal or Reinstatement of License
   ☐ “Application for Career & Technical Educator License” Form (OEL V1-03)
   AND
   ☐ Official Transcript(s)
   OR
   ☐ CEUs
   OR
   ☐ Related Work Experience
Application for Career & Technical Educator License

Section A: Applicant Information

1. Social Security Number: ____________________________________________

2. Name: 
   Last             First              Middle              Maiden
   ________________________________________________________________

3. Address:
   Number and Street
   Apt. # 
   City              State              Zip
   ________________________________________________________________

4. Phone: ___________________     5. Email: ___________________

6. Birth Date: _______________      Gender: ___________ (F=Female; M=Male)

7. Ethnicity: Please check the applicable category
   □ American Indian         □ Alaskan Native    □ Asian
   □ Black—non Hispanic     □ White—non Hispanic □ Hispanic
   □ Pacific Islander       □ Other

(Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)

8. Character Determination: Check yes or no to the left of each question.
   □ Yes    □ No Are you currently addicted or currently dependent on alcohol?
   □ Yes    □ No Are you currently addicted or currently dependent on other habit-forming drugs?
   □ Yes    □ No Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?
   □ Yes    □ No Have you been convicted or pled guilty to a felony as defined by federal or state law?** (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of nolo contendere, or entry of an order granting pretrial or judicial diversion.)
   □ Yes    □ No Have you been convicted or pled guilty to a sex offense as defined by federal or state law?** (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of nolo contendere, or entry of an order granting pretrial or judicial diversion.)
   □ Yes    □ No Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law?**
   □ Yes    □ No Have you had a certificate/license denied, suspended, and/or revoked by MS or another state? Have you voluntarily surrendered a certificate/license?

If you answered yes to any of the above questions, please provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation will be initiated.

**If you answered “yes”, please submit official copies of court record including disposition of case.

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature: _______________________________    Date: ___________________
**Section B: Licensure Information**

9. **Level:**
   - [ ] Secondary (High School)
   - [ ] Postsecondary (Community College)

10. **Class of License for which you are applying:**
    - [ ] A (Bachelor)  [ ] AA (Master)  [ ] AAA (Specialist)  [ ] AAAA (Doctorate)

11. **Endorsement Area Requested:**
    
    Code: __________

12. **License**
   - [ ] 3-yr License
   - [ ] 5-yr License
   - [ ] Converting 3-yr to 5-yr
   - [ ] License Renewal or Reinstatement

**Section C: Education**

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<thead>
<tr>
<th>College/University Attended</th>
<th>Date</th>
<th>Degree Earned</th>
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**Section D: Teaching Experience**

<table>
<thead>
<tr>
<th>Courses Taught</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>School &amp; Location</th>
<th>Official to Contact</th>
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**Section E: Occupational Work Experience** *(in the subject area to be taught)*

<table>
<thead>
<tr>
<th>Position</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Employment in Months</th>
<th>Name/Address of Employer</th>
<th>Monthly Compensation</th>
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**Section F: Health Occupations** *(to be completed by Health Occupations applicants only)*

<table>
<thead>
<tr>
<th>Specific Occupation</th>
<th>State in which you have license/registration</th>
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<tr>
<th>Original State Board license/registration</th>
<th>License/registration Number</th>
<th>Date</th>
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<tr>
<th>Are you currently registered or licensed in Mississippi?</th>
<th>Lic/Reg #</th>
<th>Date</th>
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**Section G: Applicant’s Signed Statement**

I, _______________________________ certify that the foregoing statements are true and correct.

(Applicant’s Signature) __________________________ Date __________________

**Section H: Career & Technical Director’s Signed Statement**

Please read and complete A – F before signing this application.

A. The applicant has the appropriate academic degree.

B. The applicant completed a minimum of _____ months of appropriate work experience in the occupation s/he plans to teach.

C. The applicant will be employed to teach ____________ by our school district contingent upon licensing.

D. Date of Employment ____________________  E. Date of next available VIP Session ____________________

F. I, _______________________________ certify that the foregoing statements have been verified by me and are to the best of my knowledge and belief true and correct.

(Print CTE Director’s Full Name) _______________________________ Date __________________

CTE Director’s Signature __________________________ Date __________________

CTE Center’s Name __________________________ Phone Number __________________

Superintendent’s Signature __________________________ Date __________________