



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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 3-yr Career & Technical Educator Licensure |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03) |
| <input type="checkbox"/> | College academic transcript(s) (if not already on file with Licensure) |
|
 | |
| <input type="checkbox"/> | Converting 3-yr Career & Technical Educator License to a 5-yr License |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03) |
| <input type="checkbox"/> | Verification of completion of VIP Program |
| <input type="checkbox"/> | Acceptable proof of occupational competency |
| <input type="checkbox"/> | Copy of Professional Development Plan established under Vocational Instructor Preparation (VIP) program and documentation that the plan has been successfully completed |
|
 | |
| <input type="checkbox"/> | Renewal or Reinstatement of License |
| <input type="checkbox"/> | "Application for Career & Technical Educator License" Form (OEL V1-03) |
| | AND |
| <input type="checkbox"/> | Official Transcript(s) |
| | OR |
| <input type="checkbox"/> | CEUs |
| | OR |
| <input type="checkbox"/> | Related Work Experience |

Application for Career & Technical Educator License

(Type or print in black ink only)

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. 3-yr License 5-yr License Converting 3-yr to 5-yr License Renewal or Reinstatement

Section C: Education

College/University Attended	Date	Degree Earned
College/University Attended	Date	Degree Earned

Section D: Teaching Experience

Courses Taught	From Mo/Yr	To Mo/Yr	School & Location	Official to Contact

Section E: Occupational Work Experience (in the subject area to be taught)

Position	From Mo/Yr	To Mo/Yr	Employment in Months	Name/Address of Employer	Monthly Compensation

Section F: Health Occupations (to be completed by Health Occupations applicants only)

Specific Occupation _____ State in which you have license/registration _____

Original State Board license/registration _____ License/registration Number _____ Date _____

Are you currently registered or licensed in Mississippi? _____ Lic/Reg # _____

Section G: Applicant's Signed Statement

I, _____ certify that the foregoing statements are true and correct.
 (Print applicant's full name)
 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)

CTE Director's Signature _____ Date _____

CTE Center's Name _____ Phone Number _____

Superintendent's Signature _____ Date _____