# CTE Endorsement Application for Currently Licensed Oregon Teachers

| **Name:** | Click or tap here to enter text. |
| --- | --- |
| **Email:** | Click or tap here to enter text. |
| **Current TSPC Account Number:**  *Visit the* [*TSPC Website*](https://apps.oregon.gov/TSPC/eLicense) *for your account number.* | Click or tap here to enter text. |
| **Current License type:** | Click or tap here to enter text. |
| **Current Endorsements:** | Click or tap here to enter text. |
| **CTE Approved Program:** | Click or tap here to enter text. |
| **Co-Applicant CTE High School/District:** | Click or tap here to enter text. |
| **CTE Endorsement 1:** | Choose an item. |
| **CTE Endorsement 2:** | Choose an item. |

| **CTE Endorsement Application Requirement** | **Documentation Attached** |
| --- | --- |
| Business and Industry Experience Documentation | Yes |
| Instructor Appraisal Committee (IAC) Roster  **OR**  IAC Waiver Documented | Yes    Yes |
| Business and Industry Experience Met  **OR**  Work Experience Waiver Attached | Yes  **OR**  Yes NA |
| Professional Development Plan | Yes NA |
| Administrator assigned to monitor  professional development plan | Name: Click or tap here to enter text.  School/District: Click or tap here to enter text. |
| Mentor Assigned | Name: Click or tap here to enter text.  School/District: Click or tap here to enter text. |
| Required Signatures | Yes |

## CTE Business and Industry Experience

List present or most recent experiences first. **Give complete information to verify the required hours**. Emphasize your own specific tasks including type of work experience, technical skills or other responsibilities. Attach additional copies as necessary. Original letters of verification may also be submitted. Related business and industry experience (**2000 previous and documented hours, or 667 planned and coordinated hours as outlined by an IAC, or combination, or a related industry certification.)**

**Employer Name and Information:** Click or tap here to enter text.

Name: Click or tap here to enter text.

Company Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

**Years:** Click or tap here to enter text. **Months:** Click or tap here to enter text.

**Total Hours:** Click or tap here to enter text.

From: Click or tap here to enter text. To: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

**Specific Duties demonstrating breadth of industry experience:**

Click or tap here to enter text.

**Contact person for verification of hours**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

## CTE Business and Industry Experience (cont.)

**Employer Name and Information:** Click or tap here to enter text.

Name: Click or tap here to enter text.

Company Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

**Years:** Click or tap here to enter text. **Months:** Click or tap here to enter text.

**Total Hours**: Click or tap here to enter text.

From: Click or tap here to enter text. To: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

**Specific Duties demonstrating breadth of industry experience**:

Click or tap here to enter text.

**Contact person for verification of hours**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

## Instructor Appraisal Committee (IAC) Membership Roster

1. Minimum 5 members **required**, 7 recommended (total should not include facilitator)
2. An individual member may represent more than one category
3. **All categories** must be represented
4. At least 2 members must be from business/industry

| **Required Membership Categories** | **Name, Title, Affiliated Institution, Email** |
| --- | --- |
| Employers or employees from business or industry. Should include at least one advisory committee member (if possible). | Click or tap here to enter text. |
| Secondary and postsecondary instructors or administrators in a Career and Technical Education (CTE) program (related to the endorsement of the applicant if possible). | Click or tap here to enter text. |
| Local district administrator or CTE Director | Click or tap here to enter text. |
| Optional Ex – Officio Members (from community, or other) | Click or tap here to enter text. |
| Committee Chair (from a membership category listed above) | Click or tap here to enter text. |
| Committee Facilitator (CTE Regional Coordinator, Designee or ODE specialist) | Click or tap here to enter text. |

## Instructor Appraisal Committee (IAC) Waiver Request

**(Complete only if requesting a waiver of the IAC.)**

### Rationale for Waiver Request:

Click or tap here to enter text.

## Work Experience Waiver Request

(*Complete only if requesting a waiver for work experience.)*

Pursuant to OAR 584-230-0100, the Instructor Appraisal Committee (IAC) may recommend to the ODE a waiver of the industry work experience or the associate degree requirements for the Restricted CTE Teaching License.

### Work Experience Requirement Waiver

The work experience requirement can be waived if an applicant has current work experience that does not meet the minimum hour requirement or if the work experience is not current. **The waiver request should include documentation of the work experience or training of the applicant that justifies the waiver of the industry work experience requirement, AND a signed copy of the CTE Professional Development Plan, including any relevant IAC recommendations for updating the experience.**

### Rationale for Waiver Request:

Click or tap here to enter text.

| **Status** | **Specialist** | **Signature/Date** |
| --- | --- | --- |
| **IAC Waiver** |  |  |
| **Approved** | ODE CTE Specialist |  |
| **Denied** | Reason for Denial | Click or tap here to enter text. |
| **Work Experience Waiver** |  |  |
| **Approved** | ODE CTE Specialist |  |
| **Denied** | Reason for Denial | Click or tap here to enter text. |

## CTE Professional Development Plan Requirements

As outlined in OAR 584-230-0070, a CTE Professional Development Plan is a required component of the ODE CTE application for the Restricted CTE Teaching License. The CTE Professional Development plan must include **academic requirements, business and industry work requirements, signatures from the ODE approved sponsor and the applicant, assurances that the ODE-approved sponsor has assigned an appropriately licensed administrator** to monitor the progress and timely completion of the CTE professional development plan, if required**. The administrator must be identified in the application materials;** and **assurances that the ODE-approved sponsor has assigned an appropriately trained mentor consistent with OAR 584-230-0010 Definitions, if required. The mentor must be identified in the application materials**.

Instructor Appraisal Committee professional development recommendations may be met over the course of **three years**. Applicants must demonstrate a confirmed commitment in each year the license is held toward completing the identified requirements for re-issue.

### Education Requirements:

Indicate what educational requirements the applicant must complete in the three-year professional development plan. **Requirements must be designated by year on the PDP outlining significant progress toward meeting all recommendations.** New CTE teachers will need coursework in the following areas (either 3 quarter hours each or 2 semester hours):

* **Introduction to CTE in Oregon (required)**
* Classroom Management (required)
* Curriculum Design, Instructional Strategies and Assessment (required)
* Culturally Responsive Practices (required)
* Human Development for Adolescents (required)
* Instructional Methodology – Mathematics, OR
* Instructional Methodology – Literacy (must take one)
* Second Language Acquisition (optional)
* Other: Click or tap here to enter text.

**NOTE:** If the IAC agrees that some of the required courses have been met elsewhere OR there are no further education requirements needed, **please** describe relevant experience/training and/or which courses it replaces here: Click or tap here to enter text.

### Business and Industry Experience/ Related Knowledge & Skills Requirements:

If the IAC deems work experience to be insufficient or out-of- date, indicate what business and industry experience the applicant must obtain in the three-year professional development plan. Please outline plan by year (expected progression-order may be adjusted as needed.)

## IAC Recommended Professional Development Plan

*\*Candidate must show progress to renew. 50% of required coursework/work experience must be completed by the end of Year 2.*

|  | **Education Requirements** | **Work Experience Requirements** |
| --- | --- | --- |
| **Year 1** | **Introduction to CTE in Oregon (required)** | Click or tap here to enter text. |
| **Year 2** | Number of Credits: Click or tap here to enter text.  Course Titles (recommended): Click or tap here to enter text. | Click or tap here to enter text. |
| **Year 3** | Number of Credits: Click or tap here to enter text.  Course Titles (recommended): Click or tap here to enter text. | Click or tap here to enter text. |

## Mentor Information

| Mentor Name: | Click or tap here to enter text. |
| --- | --- |
| Organization: (School, district, ESD, etc.) | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Brief Description of teaching experience: | Click or tap here to enter text. |
| Brief description of current employment responsibilities: | Click or tap here to enter text. |

## Completed Application Required Signatures:

| **Applicant** | **Signature/Date** |
| --- | --- |
| Click or tap here to enter text. |  |
| **Affiliated School District Administrator** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **Instructor Appraisal Committee Chair** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **CTE Regional Coordinator** | **Signature/Date** |
| Click or tap here to enter text. |  |

## ODE Approval Signatures:

| **Status** | **Name** | **Signature/Date** |
| --- | --- | --- |
| **CTE Endorsement Area 1** | | |
| **Approved** | ODE CTE Specialist: Click or tap here to enter text. |  |
| **Denied** | Reason for Denial: Click or tap here to enter text. | |
| **CTE Endorsement Area 2** | | |
| **Approved** | ODE CTE Specialist: Click or tap here to enter text. |  |
| **Denied** | Reason for Denial: Click or tap here to enter text. | |
| **License for Conditional Assignment (LCA)** | | |
| **Approved** | ODE CTE Specialist: Click or tap here to enter text. | |

**Appendix A: License for Conditional Assignment Professional Development Completion**

This section of the application is to be submitted when the CTE Endorsement applicant has professional development requirements to complete as part of the Professional Development approved on the attached application. TSPC will issue a License for Conditional Assignment until all requirements have been met.

Please submit *Appendix A: License for Conditional Assignment Professional Development Completion* ONLYwhen all professional development requirements are completed. Upon ODE approval, TSPC will issue the CTE Endorsement.

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **CTE Endorsement:** | Choose an item. |

Describe evidence that professional development requirements have been met. Please attach any additional documentation.

Click or tap here to enter text.

## Required Signatures:

|  |  |
| --- | --- |
| **Applicant** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **Supervising School District Administrator** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **CTE Regional Coordinator** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **ODE CTE Specialist** | **Signature/Date** |
| Click or tap here to enter text. |  |