# **CTE Vocational Status Change Application**

**Only complete this application if you are changing your employment status (e.g. full-time to part time) and your Vocational Credential is current. Do not complete this application if your credential is expired. For questions contact the Credentialing Officer.**

**Please read these directions carefully.** Failure to complete as directed may result in your application being returned, or your credential application being denied. This application may be completed electronically or hand written.

This application is to be submitted back to the department chair or supervisor.   
You must attach a copy of your current credential.

**Application Directions:**

## **Section 1: Personal Information and Education- Page**.

1. Complete all personal information. Email address must be included.
2. Include the name of the program in which you are teaching.
3. Indicate what your status is changing to.
4. Complete the educational portion outlining all degrees and certificates if applicable.
5. Sign and Date.

**Section 2: Certification Page - Page 3:** Complete the check list and sign the certification page certifying that information presented in the application is correct and complete.

**Section 6: Department Chair/Supervisor- Initial CTE Vocational Credential Checklist – Page 4:**

1. To be completed by Department Chair or Supervisor and signed.
2. Failure of Department Chair or Supervisor to complete this section may will result in credential being rejected or returned.

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## **Section 1: Personal Information.**

First Name: Middle Initial: Last Name:

Previous/Other Names:

Date of Birth: Email Address:

Street Address: City: State: Zip

Phone #: Phone # (Alternate):

Select which status change applies:  Full-time faculty to Part time instructor.  Part-time Instructor to Full-time faculty

Program Name you are currently teaching in:

Education: You are required to provide copies of your transcripts if they are not already on file. Attach current copies of state or federal registrations, licenses, certificates, or journeyman’s card if applicable.

Name of College or University attended:

Dates Attended: Certificate or Degree:

Name of College or University attended:

Dates Attended: Certificate or Degree:

Applicants Printed Name:

Applicants Signature: Date:

## **Section 2- Certification Page.**

Complete the following check list to ensure application is complete.

Personal and Educational information is complete.

I have checked which status change which applies to my situation.

Copies of Transcripts are attached, if applicable. (If you are unsure, contact credentialing officer to determine if appropriate transcripts are on file with your credentialing information).

Official transcripts are on file with HR (contact HR if you are unsure).

Copies of my current Industry Licenses or Certifications, Local, State or National Licensure or Registration (e.g. nursing license) are attached (if applicable).

I have attached a copy of my current CTE Vocational Credential.

I certify that all information contained within this application is correct and complete to the best of my knowledge. I recognize and accept that my Career and Technical Education Credential may be revoked if any of the given information or statements are false.

Applicants Printed Name:

Applicants Signature: Date:

Electronic signature accepted**.**

**Submit *directly to your department chair or supervisor either electronically or in paper format***.

## **Section 3: Department Chair/Supervisor- CTE Vocational Status Change Credential Check list.**

Name of Employee: Teaches in the CTE program and their status is changing to a:  full time faculty member  part-time instructor.

I have reviewed the documentation submitted in this application and attest to the following (check all that apply):

Personal and Educational information is complete.

A copy of the current CTE vocational credential is attached.

Copies of transcripts are attached, if applicable.

Copies of current Industry Licenses or Certificates, or State and Local Licenses or Registrations are attached if applicable.

Department Chair/Supervisor’s Name: Date:

Submission:

* Paper copies are to be sent to: Delia Lechtenberg, Academic Liaison. AB 210Q
* Electronic copies to: [Delia.lechtenberg@pueblocc.edu](mailto:Delia.lechtenberg@pueblocc.edu).