**Early College CTE Postsecondary Vocational Application**

**Please read the 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.

The entire application is to be submitted back to the Department Chair or Academic Director of a branch campus.

Instructors who hold a valid secondary credential from the CDE may have this credential honored at the postsecondary level as a postsecondary credential. **A copy of your CDE Secondary Credential must be provided and verifiable through CDE. The instructor can only teach in the pathways listed on the CDE credential and will only be issued the postsecondary credential in these pathways.**

**Section 1: Personal Information and Education- Page 2.**

1. Include your S# (this is your student ID number issued through HR- not your SSN).
If you have not been issued an S# please reach out to the Department Chair or
Academic Director. **Do not submit without an S#.**
2. Complete all personal information. Email address must be included.
3. Include the name of the program that you will be teaching in.
4. Complete the information on where you will be teaching
5. List the endorsements of your CDE Secondary Credential
6. Complete the educational portion outlining all degrees and certificates.
7. Sign and Date.

**Section 2: Certification Page 6**: Complete the check list and sign the certification page certifying that information presented in the application is correct and complete.

**Section 3: Department Chair/Supervisor- Early College Initial CTE Vocational Credential Checklist – Page:**

1. This portion of the application is 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.

**Early College CTE Postsecondary Credential Application**

**Section 1: Personal Information**.

Faculty First Name: Middle Initial: Last Name:
Previous/Other Names:

S # (not SSN) :

If you have not been issued an S# please leave blank. Do not put your SSN.

Date of Birth: Email Address:

Street Address: City: State: Zip

Phone #: Phone # (Alternate):

Teaching location:
Name of high school:

Street Address: City: State: Zip

Program Name you will be teaching in:

Credential name: List endorsements on CDE secondary License:

Expiration date of Secondary Credential: ­­­­­­

Do you already hold a Postsecondary Credential that is expiring?
[ ]  Yes (Please attach a copy.) [ ] No

**Education:**

Name of College or University attended:

Date Attended: Certificate or Degree:

Name of College or University attended:

Date Attended: Certificate or Degree:

Name of College or University attended:

Date Attended: Certificate or Degree:

Copies of your transcripts are to be attached to this application along with copies of state or federal registrations, licenses, certificates, or journeyman’s card, if applicable.

**Official transcripts are to be sent directly to HR within 30 days of hire. Failure to submit transcripts will result in employee not being allowed to teach in future terms.**

(Send official transcripts to PCC Human resources, 900 W. Orman Ave, Pueblo, CO 81004, or PCCHR @pueblocc.edu).

Applicants Signature: Date:

**Section 2: Certification Page**

Complete the following check list to ensure application is complete:

[ ]  Personal Information and Educational information is complete. I have included my S# (student identification number issued through the college). If you do not have an S# check with your department chair or Academic director. Do not submit this application without an S#.

[ ]  Copies of transcripts from Universities, Colleges or vocational transcripts or certificates are attached.

[ ]  Official transcripts are/have been sent from the issuing institution directly to PCC HR.

[ ]  Copies of Industry Licenses or Certifications, Local, State or National licensure or Registrations (e.g. nursing license) are attached, if applicable.

[ ]  Copy of Secondary Credential issued by Colorado Department of Education is attached.

[ ]  Copy of Postsecondary Credential is attached, if applicable.

**Once you have collected all documentation outlined above submit completed packet directly to your department chair or supervisor either electronically or in paper format. Do not submit to HR.**

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.

Printed name: Date:

Signature:

Electronic signature accepted**.**

**Section 3: Department Chair/Supervisor-Initial CTE Vocational Credential Check list.**

Name of Employee: was hired to teach in the CTE program as a:

[ ]  Full Time Faculty [ ]  Part-Time Instructor.

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

[ ]  Personal Information and Educational information is complete. I have included my S# (student identification number issued through the college). If you do not have an S# check with your department chair or Academic director. Do not submit this application without an S#.

[ ]  Copies of transcripts from Universities, Colleges or vocational transcripts or certificates are attached.

[ ]  Official transcripts are/have been sent from the issuing institution directly to PCC HR.

[ ]  Copies of Industry Licenses or Certifications, Local, State or National licensure or Registrations (e.g. nursing license) are attached, if applicable.

[ ]  Copy of Secondary Credential issued by Colorado Department of Education is attached.

[ ]  Copy of Postsecondary Credential is 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.