

# Educator Preparation Program/ISD Statement Of Qualifications Secondary Career and Technical Certification (SOQ)



## **Authority for Data Collection:**

19 TAC Chapter 233.14 - Approval of career and technical education teachers based on prior experience and preparation in a skill area.

## **Planned Use of the Data:**

Evaluate candidates for qualifications for Trade and Industrial Education, Health Science, or Marketing certification and use as a basis for issuance of certification.

## **Instructions:**

1. Persons seeking certification in one of the above listed areas should complete this form.
2. Complete all information for the area you are seeking.
3. The original will be submitted to your Educator Preparation Program or ISD if you hold a standard certificate and are adding an area by exam. A second and third copy will be maintained by the school district and educator. If experience is reviewed by the district for certification by exam the district will keep the original until termination of employment then it will be attached to the service record. The district must maintain a legible copy for audit purposes.
4. Once the requirements have been verified and approved, exam authorization will be given by the program or the district.
5. If you hold a standard Texas certificate and your experience is being reviewed by your employing district **do not complete section F** but submit the SOQ to the certified administrator that has been designated at your employing district, (confirm with your district that they are offering this service).

Last Name		First Name		Initial
TEA ID Number			Phone Number	
Address		City	State	Zip Code
Email			Date of Birth	

## **Section A - Title of specific certificate and subject areas for which you wish to qualify**

<input type="checkbox"/> Marketing ( <i>Initial Certification</i> )	<input type="checkbox"/> Marketing ( <i>Certification by Exam</i> )
<input type="checkbox"/> Health Science ( <i>Initial Certification</i> )	<input type="checkbox"/> Health Science ( <i>Certification by Exam</i> )
<input type="checkbox"/> Trade and Industrial Education ( <i>Initial Certification</i> )	<input type="checkbox"/> Trade and Industrial Education ( <i>Certification by Exam</i> ), [experience must have been within the past 10 years]

List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement, nurse, etc.)

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## Section B - Education; Applicants may be required to provide proof of diploma, degree, or transcripts.

Indicate Highest Grade Completed:  9  10  11  12  College

Did you graduate from high school or receive a GED? If applicable, submit a copy of test scores for general educational development test and certificate of high school equivalency  Yes  No

### Technical, Vocational or Business School

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

### Undergraduate Colleges or Universities

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

### Graduate Schools

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

## Section C - License or Registration; Trade and Industrial Education and Health Science Technology Education certification require current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instruction is offered.

License/Certification (R.N., Attorney, etc)	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other Authority (City, State)	License Number

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## Section D - Special Training/Skills Qualifications:

List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed. *(Attach additional page if necessary)*

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## Section E - Employment History

**Instructions:** Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school.

**Note:** Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. Twelve months of wage-earning experience consisting of at least 40 hours per week shall equal one year of full-time experience. Wage-earning experience consisting of less than 40, but at least 20, hours per week shall be calculated at a 50% rate in determining years of full-time experience. Wage-earning experience consisting of less than 20 hours per week shall not be considered acceptable in determining full-time experience. 19 TAC Chapter 233.14

### Employment History Related to the Assignment (attach additional sheets if necessary)

Position Title		Employer		
Mailing Address		City	State	Zip Code
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

### Trade or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Position Title		Employer		
Mailing Address		City	State	Zip Code
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

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## Section E - Employment History continued

### Trade or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Position Title		Employer		
Mailing Address		City	State	Zip Code
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

### Trade or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

### References: Indicate below the names of three persons qualified to comment regarding your wage-earning experience.

Name	Address	Phone Number	Occupation

*Applicant's Affidavit:*

- 1. The above information is, to the best of my knowledge, a true statement of facts concerning date of birth, education, teaching experience, and occupational experience.*
- 2. I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technical Education Teacher; and*
- 3. I understand that I must complete an approved educator preparation program for the certification sought and/or workshops conducted or sponsored by the Texas Education Agency, or;*
- 4. I understand that if I am adding this area by examination I hold a current valid standard classroom teaching certificate and a bachelor's degree.*

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Name	Date/Time Field
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Applicant's Signature

**Section F - Program Approval (skip this section if adding by examination through your employing ISD)**  
*To be completed by the educator preparation program approved to offer training for the Career and Technical Education certificate sought.*

*"I have reviewed the experience and qualification represented herein and approve this applicant for employment in the following Career and Technical programs."*

<input type="checkbox"/> Marketing (Initial Certification)	<input type="checkbox"/> *Marketing (Certification by Exam)
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<input type="checkbox"/> Health Science (Initial Certification)	<input type="checkbox"/> *Health Science (Certification by Exam)
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<input type="checkbox"/> Trade and Industrial Education (Initial Certification)	<input type="checkbox"/> *Trade and Industrial Education (Certification by Exam) [experience must have been within the past 10 years]
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*List Current Texas Standard Certification(s) only if verifying experience for Certification by Exam	Current Effective Date verified on the TEA Website From	Current Expiration Date verified on the TEA Website To
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List specific work approval area(s) for which this SOQ is being Submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement, nurse, etc.)

Total number of years work experience in the areas indicated above

Name of Program Certification Officer or for Districts, Name of Certified Administrator

Signature of Program Certification Officer or for Districts, Signature of Certified Administrator

Name of Program Area Representative

Signature of Program Area Representative

Name of Educator Preparation Program or District Name	Date	ID Number or District ID
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