

Commonwealth of Kentucky
EDUCATION PROFESSIONAL STANDARDS BOARD
Division of Certification, 100 Airport Road, 3rd Floor, Frankfort, Kentucky 40601
Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

**APPLICATION FOR OCCUPATION-BASED
CAREER AND TECHNICAL EDUCATION CERTIFICATION AND RANKING**

Use form CA-1 to apply for the initial Five-Year Certificate for Occupation-Based Career and Technical Education.

SECTION I. Record of Personal Information and Preparation to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ Date of Birth: _____

Last Name: _____ Suffix: _____

First Name: _____ Middle: _____

Maiden Name: _____ Gender: ☐ Male ☐ Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (____) _____ ☐ Home ☐ Mobile

Primary E-mail address: _____

Secondary E-mail address: _____

Ethnic Identification – Optional (check one)

- ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic
☐ Asian or Pacific Islander ☐ American Indian ☐ Other

KDE/EPsB use only

☐ SOE Recommendation

NOCTI test date: ____/____/____ OR

☐ Exempt from NOCTI

NOCTI specialty test area: _____

COMPASS test date: ____/____/____

COMPASS expiration date: ____/____/____

Beginning date of Employment: ____/____/____

Beginning Date of Internship: ____/____/____

☐ Fall– full year ☐ Fall–half year ☐ Spring–half year

☐ SOE to be returned to KDE

☐ SOE to be returned to School

Address: _____

City: _____ Zip Code: _____

B. COLLEGE ATTENDANCE RECORD – list all applicable degree programs (attach additional pages if needed)

Attach official transcripts

College/University	Address	Dates of Attendance				Total semester hours or degrees awarded
		From		To		
		M	Y	M	Y	

SECTION II. Certificate Request and Official Recommendation of Employer

A.1. TYPE OF CERTIFICATE REQUESTED

- ☐ Initial Issuance of one-year certificate (Statement of Eligibility) ☐ Renewal of one-year certificate ☐ Renewal of 5 year certificate

A.2. SUBJECT AND SCHOOL

Subject Area: _____ School: _____

A.3. RANK

- ☐ Rank 3 ☐ Rank 2 ☐ Rank 1

B. RECOMMENDATION OF EMPLOYER

I recommend the issuance of the appropriate teaching certificate and rank in the name of the applicant if state requirements have been satisfied.

Office of CTE or Local School District Superintendent Signature: _____

Date: _____ District: _____ District Telephone number: (____) _____

NAME: _____

SSN: _____

SECTION III: Initial Certification Experience and Testing Requirements (renewal applicants skip to Section IV)A. Verification of Teacher NOCTI Test Scores

I hereby verify that the applicant whose signature appears on this form has successfully completed the NOCTI portion of the teacher test(s) specified in 16 KAR 6:020 (<http://www.lrc.state.ky.us/kar/016/006/020.htm>) for the teaching position. The PPST (PRAXIS I) or COMPASS Test portion of the test will be conducted at another time/location.

Test Administrator Signature _____

DATE _____

B. Occupational Experience for New Teachers, beginning with the most recent experience.

Detailed information regarding each experience must be completed on page 3, Section V

Employer Name	Listed on page 3
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N

The occupational experience identified on this application is adequate to satisfy four years of successful and appropriate occupational experience, two of which have been within the last five years as required by 16 KAR 2:020 (<http://www.lrc.state.ky.us/kar/016/002/020.htm>.) If other legal requirements have been met, it is recommended that the appropriate certification be issued.

Kentucky Department of Education Representative Signature _____ DATE _____

SECTION IV: Verification of Renewal RequirementsA. Renewal Type

- ☐ Renewal of one-year certificate: Requires an official transcript showing the completion of a minimum of six (6) semester hours of college credit for each renewal selected from the sixty-four (64) semester hour planned program as required by 16 KAR 2:020. No fee is required.
- ☐ Renewal of five-year certificate: The applicant has completed three years of teaching or work experience in the occupational specialty as reported in this application. Applicant must submit a \$50 fee payable by e-pay or by certified check or money order made payable to Kentucky State Treasurer for renewal.

B. Teaching and/or Work Experience for Renewal of Five- or Ten-Year Certificate

School & Location Work Experience & Location	Full-Time Position Held or Full-Day Subject Taught <small>If not full-time/full-day, Use additional sheet</small>	DATES	
		From Mo./Yr.	To Mo./Yr.

I verify that this applicant has had experience as indicated above

Area Technology Center Principal Signature _____ DATE _____

OR

Kentucky Department of Education Representative Signature _____ DATE _____

Applicants who are applying for the initial issuance of a certificate should forward this Form CA-3 and an **official transcript of all credits** to the Office of Career and Technical Education, 20th Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601.

Applicants who are applying for renewal of the one-year, or five-year certificate should record teaching experience in Section III C, secure recommendation of the appropriate administrator in Section III D, and forward this Form CA-3 to the Office of Career and Technical Education, 20th Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601. The application for renewal of the one-year certificate must be accompanied by **an official transcript of the additional credit**.

NAME: _____

SSN: _____

SECTION V: Record of Occupation Based Experience**This page may be duplicated as needed**

Please list your most recent position held followed by subsequent work histories and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing duties, list those that took most of your time first.

Most Recent Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				

NAME: _____

SSN: _____

SECTION VI. Character and Fitness

A. Applicants are required to submit a national and state criminal background check. The criminal background check shall be conducted within twelve (12) months prior to the date of the initial application for certification.

- ☐ I am an applicant for initial certification in Kentucky and I have submitted or will submit my national and state background check.

B. If you have ever held, or currently hold a professional license, credential, or other document issued to you by any other jurisdiction other than Kentucky within the United States or abroad, enclose a copy of the certificate(s) and provide the following:

Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expiration Date

C. Disclosure of Background Information

If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.	YES	NO	Documentation Attached
1. Have you ever had a professional certificate, license, credential, or any document issued for practice denied, suspended, revoked, or voluntarily surrendered? If you have had a professional certificate, license, credential, or any other document issued for practice initially denied by a licensing body, but later issued, you must answer "yes."			
2. Have you ever been suspended or discharged from any employment or military service because of allegations of misconduct?			
3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of allegations of misconduct?			
4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5. Have you ever been convicted of or entered a guilty plea, an "Alford" plea, or a plea of nolo contendere (no contest) to a felony or misdemeanor, even if adjudication of the sentence was withheld in Kentucky or any other state? For the purpose of this application, minor traffic violations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.			
6. Do you have any criminal charges pending against you?			
7. If you indicated "yes" to question #1 through #6, has the EPSB previously reviewed the information? _____ (Date of Review)			

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the Professional Code of Ethics for Kentucky Certified School Personnel, 16 Kentucky Administrative Regulation 1:020, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: _____ DATE: _____

Section VII. Affirmation

I affirm and declare that all information given by me on this application is true, and correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in the denial or revocation of my teaching certificate. Further, I understand that KRS 161.120 provides that a teaching certificate may be revoked at any time upon determination that false information was presented toward obtaining a teaching certificate.

SIGNATURE: _____ DATE: _____