

Date of application ____ / ____ / ____

**Oklahoma Department of Career and Technology Education
Health Careers Education**

1500 West Seventh Avenue
Stillwater, OK 74074-4364
Phone: 405/743-5107 Fax: 405/743-6809

**HCE New Instructor
Statement of Qualifications**

Instructions: (Note: This is not an "Application for Certification"; therefore, a fee is not required at this time.)

1. Complete entire form, including all required signatures.
2. List employment experience that includes at least two years of related experience within the past five years or previous to the initial teaching experience.
3. Submit a copy of college transcript(s), high school diploma, or certificate of high school equivalency.
4. If applicable, submit a copy of health occupation credentials.
5. If applicable, submit a copy of Career and Technology Teaching Certificate.
6. If applicable, attach a copy of transcripts. At such time as the instructor applies for certification, (s)he will be required to submit "official" transcripts, together with the appropriate application form available from the State Department of Education and/or its Web site.
7. Send this application and supporting documentation to the above address, Attention: HCE Division Secretary.

Please print or type

Personal Data

Name _____	Social Security Number _____ / _____ / _____
Last First Middle	
Present Address _____	State _____ ZIP Code _____
Number Street City	
Permanent Address _____	State _____ ZIP Code _____
Number Street City	
Home Phone (____) _____ - _____	School Phone (____) _____ - _____
Home E-Mail Address _____	School E-Mail Address: _____

Position

	PID _____	
School Name _____	City _____	Program Name _____
Position: <input type="checkbox"/> Coordinator	<input type="checkbox"/> Instructor	<input type="checkbox"/> Other (specify) _____
Date Duties Begin _____	New Position <input type="checkbox"/> or Previous Teacher's Name _____	
Signature _____	Date _____	
School Administrator		

Education

Attach resumé or complete this section.

***Attach copy of transcript(s), diploma, or GED certificate.**

Complete Information Requested for Each Level of Education	School Name and Location City and State	Dates Attended		Year Graduated	Type of Certificate Diploma, Degree, and Major
		From	To		
*GED					
*High School					
*College or University					
	If no degree, enter total number of college hours: _____				
Military school(s) apprenticeship, or other trade or technical training programs					

Please continue on a separate sheet of paper if you need additional space.

Current Teacher Certificate and Licensing

Do you presently hold any type of **teaching** or **administrative** certification in Oklahoma? Yes No
If yes, list type, number, and expiration date of certificate:

Type _____ Number _____ Expiration Date ____ / ____ / ____

Type _____ Number _____ Expiration Date ____ / ____ / ____

What health occupation professional credential do you hold? _____

Please attach a copy of your current certificate(s)/credentials.

For Nursing License documentation, you may go to the Oklahoma Board of Nursing's Web site and use the Licensure Verification feature. Go to <http://www.youoklahoma.com/nursing/verify/>, perform search, and print the results to be submitted with this form.

Years teaching completed in health occupations division:

Years in Oklahoma _____ Years out of state _____

Years teaching experience:

Years in current school district _____ Years in Oklahoma _____ Years out of state _____

Summary of Employment Experience

List total years' experience:

Clinical _____ Practice _____ Teaching _____ Administration _____

Other _____

Practical Experience

Attach resumé or complete this section.

List each position held, beginning with your present or most recent position. Work back through previous positions and include military experience. Continue on a separate sheet of paper if necessary.

Dates Employed		Name and Address of Employer		Summary of Work Performed
From	Mo.	Yr.		
To:	Mo.	Yr.		
Job title:				
Supervisor:				
Reason for leaving:				
Dates Employed		Name and Address of Employer		Summary of Work Performed
From	Mo.	Yr.		
To:	Mo.	Yr.		
Job title:				
Supervisor:				
Reason for leaving:				
Dates Employed		Name and Address of Employer		Summary of Work Performed
From	Mo.	Yr.		
To:	Mo.	Yr.		
Job title:				
Supervisor:				
Reason for leaving:				
Dates Employed		Name and Address of Employer		Summary of Work Performed
From	Mo.	Yr.		
To:	Mo.	Yr.		
Job title:				
Supervisor:				
Reason for leaving:				

Assurance Statement

I understand if I do not qualify for a Health Careers Education Secondary Standard Teaching Certificate in Oklahoma, I must be working toward completion of the requirements in my area of specialization.

I hereby certify that the information contained herein is correct and complete to the best of my knowledge and belief.

Signature

Date

Equal Employment Opportunity Policy

The Oklahoma Department of Career and Technology Education does not discriminate with regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s). This policy is followed in the operation of its educational programs and activities, recruitment, admissions, and employment practices.

An Equal Opportunity/Affirmative Action Employer

For Use by Administrative Personnel Only

Health Careers Education:

Date ____/____/____

Applicant: Approved Disapproved

Reasons for disapproval: _____

Signature, HCE Program Administrator

Date