

# State Board for Educator Certification

## Statement of Qualifications for Secondary Career and Technology Certification

### **Authority for Data Collection:**

19 TAC Chapter 230, Subchapter P, §230.483(g) - Approval of career and technology education teachers based on prior experience and preparation in a skill area.

**Planned Use of the Data:** Evaluate candidates for qualification for Trade and Industrial Education, Health Science Technology Education, Marketing Education, Occupational Education/Career Investigation, or Business Education certification and use as basis for issuance of certification.

### **Instructions:**

- (1) Persons seeking certification in one of the above listed areas should complete this form,
- (2) Print or type all information,
- (3) Make 3 Copies: Teacher Certification Program (Original)  
Employing School District  
Teacher copy
- (1) If you have questions, contact State Board for Educator Certification at 1-888-863-5880 or email at [sbec@sbec.state.tx.us](mailto:sbec@sbec.state.tx.us)

**1) Name** \_\_\_\_\_  
Last Name First Name Middle Initial

**2) Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3) Mailing Address**

\_\_\_\_\_  
Street Address City State Zip Code

**4) Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**5) Email Address:** \_\_\_\_\_

**6) Date of Birth:** (MM, DD, YYYY) \_\_\_\_\_

**7) Title of specific subject areas for which you wish to qualify (check one):**

☐ Trade and Industrial Education

List specific work approval area(s) for which this SOQ is being submitted.

1) \_\_\_\_\_ 2) \_\_\_\_\_

☐ Health Science Technology Education ( \_\_\_\_\_ CPE option) or ( \_\_\_\_\_ Grad credit)

☐ Marketing Education

☐ Occupational Orientation/Career Investigation

☐ Business Education



**Instructions:** STARTING WITH THE PRESENT DATE, list in reverse order all trade and/or occupational experience acquired since leaving high school. If you were regularly employed by two separate employers at the same time, list the full-time employment on one line and the part-time employment on the following line.

**Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. 12 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.**

<b>11) Employment History Related to the Assignment (attach additional sheets if necessary)</b>									
Position Title							<input type="checkbox"/> Full-time		
Employer							<input type="checkbox"/> Part-Time		
Mailing Address							<input type="checkbox"/> Summer		
City, State / Zip							<input type="checkbox"/> Temp/Project		
Employer's Telephone No. AC (    )							<b>Average # of hours worked per week:</b>		
Immediate Supervisor Name and Title									
Starting Date			Leaving Date			<b>Trade or Skilled Work Personally Performed by You.</b>			
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).			
Position Title							<input type="checkbox"/> Full-time		
Employer							<input type="checkbox"/> Part-Time		
Mailing Address							<input type="checkbox"/> Summer		
City, State / Zip							<input type="checkbox"/> Temp/Project		
Employer's Telephone No. AC (    )							<b>Average # of hours worked per week:</b>		
Immediate Supervisor Name and Title									
Starting Date			Leaving Date			<b>Trade or Skilled Work Personally Performed by You.</b>			
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).			
Position Title							<input type="checkbox"/> Full-time		
Employer							<input type="checkbox"/> Part-Time		
Mailing Address							<input type="checkbox"/> Summer		
City, State / Zip							<input type="checkbox"/> Temp/Project		
Employer's Telephone No. AC (    )							<b>Average # of hours worked per week:</b>		
Immediate Supervisor Name and Title									
Starting Date			Leaving Date			<b>Trade or Skilled Work Personally Performed by You.</b>			
Mo	Day	Yr	Mo	Day	Yr	Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).			

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

Name	Address	Phone Number	Occupation

**13) Applicant's Affidavit: (Please sign in front of a notary)**

I, \_\_\_\_\_ (Name in full), affirm that:

- 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;
- I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technology Education teacher; and
- 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature/Seal: \_\_\_\_\_ Date: \_\_\_\_\_

**14) To be completed by teacher certification program approved to offer training for the Career and Technology Education certificate sought.**

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

\_\_\_ Trade and Industrial Education

List specific trade and industrial work approval area(s) for which this SOQ is being submitted.

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_ Health Science Technology Education

\_\_\_ Marketing Education

\_\_\_ Occupational Orientation/Career Investigation

\_\_\_ Business Education

**Total number of years of work experience in the area indicated above \_\_\_\_\_**

Signature of Program Certification Officer \_\_\_\_\_

Signature of Program Area Representative \_\_\_\_\_

Superintendent of Employing School District \_\_\_\_\_

Date: \_\_\_\_\_