# Preliminary CTE License Application

| **Teacher Name:** | Click or tap here to enter text. |
| --- | --- |
| **Email:** | Click or tap here to enter text. |
| **Current TSPC Account Number:**  *Visit the* [*TSPC Website*](https://apps.oregon.gov/TSPC/eLicense) *for your account number.* | Click or tap here to enter text. |
| **CTE Approved Program:** | Click or tap here to enter text. |
| **CTE High School/Co-Applicant District** | Click or tap here to enter text. |
| **CTE License Area:** | Choose an item. |

| **CTE Preliminary License Application Requirements** | **Documentation Attached** | |
| --- | --- | --- |
| Professional Development Plan Completed | Yes |  |
| Business and Industry Experience Verification | Yes | N/A |
| Education Requirement Verification | Yes | N/A |
| Required Signatures | Yes |  |

In accordance with OAR 584-230-0020, an applicant must provide evidence of completion of the CTE Professional Development Plan as provided in OAR 584-230-0070 governing Restricted CTE Licenses, to be eligible to apply for the Preliminary CTE License.

## CTE Business and Industry Experience for the Preliminary CTE License

*If the applicant’s Professional Development Plan (PDP) indicated completion of business and industry experience, please list the requirement(s) and itemize evidence that requirement(s) have been met. Attach any relevant verification forms or letters from local employers. (Examples: support letters, unofficial transcripts, etc.)*

List business and industry requirements of the **Professional Development Plan** approved for the Restricted CTE License:

Click or tap here to enter text.

Describe evidence that business and industry requirements have been met:

Click or tap here to enter text.

## CTE Education Required for the Preliminary CTE License

*If the applicant’s Professional Development Plan (PDP) indicated completion of education requirements, please list the requirement(s) and itemize evidence meeting each requirement(s). Attach relevant transcripts of courses completed and credit attained.*

List education requirements of the **Professional Development Plan** approved for the Restricted CTE License:

Click or tap here to enter text.

Describe evidence that education requirements have been met:

Click or tap here to enter text.

## Completed Application Required Signatures:

| **Applicant** | **Signature/Date** |
| --- | --- |
| Click or tap here to enter text. |  |
| **Supervising School District Administrator** | **Signature/Date** |
| Click or tap here to enter text. |  |
| **CTE Regional Coordinator** | **Signature/Date** |
| Click or tap here to enter text. |  |

## ODE Approval Signatures:

| **Status** | **Specialist** | **Signature/Date** |
| --- | --- | --- |
| **CTE Preliminary License** | | |
| **Approved** | ODE CTE Specialist  Click or tap here to enter text. |  |
| **Denied** | Reason for Denial: Click or tap here to enter text. | |