# CTE Reciprocal License Application for Out-of-State Applicants

| **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 License Area:** | Choose an item. |
| **CTE License Area:** | Choose an item. |

| **CTE Out-of-State License Application Requirements** | **Documentation Attached** |
| --- | --- |
| Business and Industry Experience Verification | [ ] Yes |
| Education Experience Requirement Verification | [ ] Yes |
| Required Signatures | [ ] Yes |
| [Oregon and US Civil Rights Exam](https://www.oregon.gov/tspc/LIC/Pages/Testing.aspx): | [ ] Yes |
| Copy of Out-of-State CTE license | [ ] Yes |

## CTE Business and Industry Experience

List most recent experiences first. Give complete information to verify the required hours. Emphasize your own specific tasks and responsibilities related to the experience. Attach additional copies as necessary.

Original letters of verification may also be submitted. “Related business and industry experience” is defined as **2000 previous and documented hours**.

**Employer Name and Information**

Name: Click or tap here to enter text.

Company Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

**Years:** Click or tap here to enter text. **Months:** Click or tap here to enter text.

**Total Hours:** Click or tap here to enter text.

From: Click or tap here to enter text. To: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

**Specific Duties demonstrating breadth of industry experience:**

Click or tap here to enter text.

**Contact person for verification of hours**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

## CTE Education Experience

**Please provide information about the teaching license you currently hold in another state.**

* License State: Click or tap here to enter text.
* Type of License: Click or tap here to enter text.
* Endorsements: Click or tap here to enter text.
* Years of teaching under this license: Click or tap here to enter text.
* CTE Courses taught under this license:

| **CTE Course** | **Dates Taught** |
| --- | --- |
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Please provide a brief description of the requirements for a CTE license in your current state. Include required coursework/education elements, and the business and industry experience required for licensure. *(Electronic links to requirements listed on an official state CTE website can be inserted, in lieu of a description.)*

Click or tap here to enter text.

## Completed Application Required Signatures:

| **Applicant****(print name)** | **Signature/Date** |
| --- | --- |
| Click or tap here to enter text. |  |
| **ODE Education Specialist****(print name)** | **Signature/Date** |
| Click or tap here to enter text. |  |
|  [ ]  **Approved** [ ]  **Denied****Reason for Denial:** Click or tap here to enter text.  |
|  [ ]  **Regional Coordinator Confirmation**  **Name:** Click or tap here to enter text. |