

Educator Preparation Program, Statement Of Qualifications Secondary Career and Technical Certification (SOQ)



Authority for Data Collection:

19 TAC Chapter 233.14 - Approval of career and technical education teachers based on prior experience and preparation in a skill area.

Planned Use of the Data:

Evaluate candidates for qualifications for Trade and Industrial Education, Health Science Technology Education, or Marketing Education certification and use as a basis for issuance of certification.

Instructions:

1. Persons seeking certification in one of the above listed areas should complete this form.
2. Complete all information.
3. Make 3 copies: Educator Preparation Program (Original)
Employing School District
Educator copy
4. Once the requirements have been verified and approved, exam authorization will be given by the program.

If you have questions, contact Texas Education Agency at 1-512-936-8400 or you may review the website at www.tea.state.tx.us.

| | | | | |
|-----------|--|--------------|---------------|----------|
| Last Name | | First Name | | Initial |
| SSN | | Phone Number | | |
| Address | | City | State | Zip Code |
| Email | | | Date of Birth | |

Section A - Title of specific subject areas for which you wish to qualify

Marketing (*Initial Certification*)
 Marketing (*Certification by exam*)
 Health Science Technology
 Trade and Industrial Education

List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement):

Section B - Education; Applicants may be required to provide proof of diploma, degree, or transcripts.

Indicate Highest Grade Completed:
 9
 10
 11
 12
 College

Did you graduate from high school or receive a GED? If applicable, submit a copy of test scores for general educational development test and certificate of high school equivalency
 Yes
 No

Technical, Vocational or Business School

| Name and Location of School | Dates From | Dates To | Date Graduated | Expected Graduation Date | Sem/Clock Hours Completed | Type of Diploma or Degree | Major/Minor Fields of Study |
|-----------------------------|------------|----------|----------------|--------------------------|---------------------------|---------------------------|-----------------------------|
| | | | | | | | |
| | | | | | | | |

**Educator Preparation Program, Statement Of Qualifications
Secondary Career and Technical Certification (SOQ)**



Section B, continued

Undergraduate Colleges or Universities

| Name and Location of School | Dates From | Dates To | Date Graduated | Expected Graduation Date | Sem/Clock Hours Completed | Type of Diploma or Degree | Major/Minor Fields of Study |
|-----------------------------|------------|----------|----------------|--------------------------|---------------------------|---------------------------|-----------------------------|
| | | | | | | | |
| | | | | | | | |

Graduate Schools

| Name and Location of School | Dates From | Dates To | Date Graduated | Expected Graduation Date | Sem/Clock Hours Completed | Type of Diploma or Degree | Major/Minor Fields of Study |
|-----------------------------|------------|----------|----------------|--------------------------|---------------------------|---------------------------|-----------------------------|
| | | | | | | | |
| | | | | | | | |

Section C - License or Registration; Trade and Industrial Education and Health Science Technology Education certification require current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instructions is offered.

| License/Certification (R.N., Attorney, etc) | Date Issued | Date Expires | Issued by/Location of Issuing Authority (State or other Authority (City, State) | License Number |
|---|-------------|--------------|---|----------------|
| | | | | |
| | | | | |
| | | | | |

Section D - Special Training/Skills Qualifications:

List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed. *(Attach additional page if necessary)*

Educator Preparation Program, Statement Of Qualifications Secondary Career and Technical Certification (SOQ)



Section E - Employment History

Instructions: Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school.

Note: Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. Twelve 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. 19 TAC Chapter 233 §233.14 (h)(2)

Employment History Related to the Assignment (attach additional sheets if necessary)

| | | | | |
|------------------------------------|---------------------------------------|---|---------------|--------------|
| Position Title | | Employer | | |
| Mailing Address | | City | State | Zip Code |
| Employer's Phone Number | | Immediate Supervisor Name and Title | | |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Summer | Average number of hours worked per week | Starting Date | Leaving Date |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temp/Project | | | |

Trade or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

| | | | | |
|------------------------------------|---------------------------------------|---|---------------|--------------|
| Position Title | | Employer | | |
| Mailing Address | | City | State | Zip Code |
| Employer's Phone Number | | Immediate Supervisor Name and Title | | |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Summer | Average number of hours worked per week | Starting Date | Leaving Date |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temp/Project | | | |

Trade or Skilled Work Personally Performed by You.

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

**Educator Preparation Program, Statement Of Qualifications
Secondary Career and Technical Certification (SOQ)**



Section E - Employment History continued

| | | | | |
|------------------------------------|---------------------------------------|---|---------------|--------------|
| Position Title | | Employer | | |
| Mailing Address | | City | State | Zip Code |
| Employer's Phone Number | | Immediate Supervisor Name and Title | | |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Summer | Average number of hours worked per week | Starting Date | Leaving Date |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temp/Project | | | |

Trade or Skilled Work Personally Performed by You.
 Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

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

| Name | Address | Phone Number | Occupation |
|------|---------|--------------|------------|
| | | | |
| | | | |
| | | | |

Applicant's Affidavit:

- 1. 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.*
- 2. I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technical Education Teacher; and*
- 3. 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.*

| | |
|------|-----------------|
| Name | Date/Time Field |
|------|-----------------|

Applicant's Signature

Educator Preparation Program, Statement Of Qualifications Secondary Career and Technical Certification (SOQ)



Section F - Program Approval
To be completed by the educator preparation program approved to offer training for the Career and Technical Education certificate sought.

"I have reviewed the experience and qualification represented herein and approve this applicant for employment in the following Career and Technical programs."

| | | |
|--|---|--|
| <input type="checkbox"/> Marketing (Initial Certification) | <input type="checkbox"/> *Marketing (Certification by Exam) | <input type="checkbox"/> Health Science Technology |
|--|---|--|

Trade and Industrial Education

| | | |
|--|---|--|
| *List Current Texas Standard Certification(s) only if verifying experience for Marketing through Certification by Exam | Current Effective Date verified on the TEA Website From | Current Expiration Date verified on the TEA Website To |
|--|---|--|

List specific work approval area(s) for which this SOQ is being Submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement)

Total number of years work experience in the areas indicated above.

Name of Program Certification Officer

Signature of Program Certification Officer

Name of Program Area Representative

Signature of Program Area Representative

| | | |
|--------------------------------------|------|-----------|
| Name of Educator Preparation Program | Date | ID Number |
|--------------------------------------|------|-----------|