

# APPLICATION FOR COLORADO CAREER AND TECHNICAL CREDENTIAL

(Not an application for employment)

**Secondary – page 1**

Last Name	First Name	Middle Name	Maiden Name

Home Mailing Address	City/State	Zip Code	Residential Phone	Business Phone

School District	Date of Birth*

**Mail Credential to:**  Applicant  School District Administrator Signature (optional) \_\_\_\_\_

E-Mail Address

FEES	ADDITIONAL PATHWAY(S) AFTER CREDENTIAL ISSUANCE (This applies to pathways applied for separately before the present credentialing expiration)
Full Time <b>\$100.00</b>	<b>\$15.00</b>
<i>Check or Money Order (NON-REFUNDABLE REVIEW AND PROCESSING FEE) made payable to: CCCS</i>	

List below the Program Pathway for which you are applying:

Program Pathway	Type
	Teacher/ Coordinator
	Administrator
	Specialist

*SUBMIT A PHOTOCOPY OF STATE OR FEDERAL REGISTRATION LICENSE, CERT., OR JOURNEYMAN'S CARD WHERE APPLICABLE.*

**\* Why we need your date of birth?**

Your date of birth is required to establish your qualification under occupational experience. It is also required to help us identify you individually and avoid confusion with someone else with the same name.

I hereby certify that all information presented in this application is correct and complete to the best of my knowledge. I recognize and accept that my Career and Technical Credential may be revoked if any of the given information or statements are false.

Date	Applicant Signature

**EDUCATION**

ATTACH COPY of H.S. Diploma or G.E.D. and transcripts of college programs and certificates of completion of training programs.

Name and location of College or University(Including special training and/or military training that applies to your specialty)	Dates Attended	Major	Certificate or Degree	Date

**REFERENCES**

(List three persons who have knowledge of your work and are qualified to judge it.)

Full Name	Address	Business Occupation

**TEACHING EXPERIENCE**

(Including student teaching)

Dates of Employment		No. of Months	Name and Address of Employer Name of Supervising Teacher	Subject Taught
From (Mo. / Yr.)	To (Mo. / Yr.)			

**OCCUPATIONAL EXPERIENCE – Please include the Occupational Experience form(s)**

Dates of Employment		Total Hours Employ.	Total Months	Name and Address of Employer	Description of Work Personally Performed By You
From (Mo. / Yr.)	To (Mo. / Yr.)				

The Colorado Community College System does not unlawfully discriminate on the basis of race, color, religion, national origin, sex, age or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX and Section 504 may be referred to the Affirmative Action Director, Colorado Community College System, 9101 East Lowry Blvd., Denver, CO 80230. Or to the Office of Civil Rights, U.S. Department of Education, 1691 Stout Street, Denver, CO 80204.

**CCCS**

Credentialing Office

9101 East Lowry Blvd. ■ Denver, CO 80230

Fax: (303) 595-1655