

**TEXAS EDUCATION AGENCY  
Division of Teacher Records**

**Applicants  
Statement of Qualifications  
For Secondary Career and Technology Educational Certification**

**Authority for Data Collection:** Texas Education Code, Section 13.032

**Planned Use of the Data:** Evaluate candidate for qualification for Career and Technology Education certification and use as basis for issuance of certificate.

**Instructions:** (1) Persons seeking certification in secondary Career and Technology Education fields should complete this form. (2) Print or type (3) If you have questions, contact Texas Education Agency/Career and Technology Education at (512) 463-9311.

1. \_\_\_\_\_  
Last Name
First Name
Middle Initial
Social Security No.

2. \_\_\_\_\_  
Street Address
City
State
Zip Code
Phone Number

3. United State Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is no, a Statement of Intention to Become a United States Citizen (TCER-023) must be filed with the Division of Teacher Certification before a certificate or permit can be authorized.

Date of birth: \_\_\_\_\_

4. Title of specific subject areas for which you wish to qualify: \_\_\_\_\_

5. If this position requires a license or certification, give the name of the license/certification, number, state and date of issue: \_\_\_\_\_

6. High School Attended: \_\_\_\_\_  
Name of School
City
State
Zip code

Did you graduate? \_\_\_\_\_ When? \_\_\_\_\_ High School Equivalency \_\_\_\_\_

(PLEASE SUBMIT A COPY OF TEST SCORES FOR GENERAL EDUCATIONAL DEVELOPMENT TEST AND CERTIFICATE OF HIGH SCHOOL EQUIVALENCY.)

7. \_\_\_\_\_

Trade School, College, or University Attended	Dates	Semester Hrs. Completed	Degree--Date

8. Degree(s) Held:

Bachelor's Degree: Major \_\_\_\_\_ Minor \_\_\_\_\_

Master's Degree: Major \_\_\_\_\_ Minor \_\_\_\_\_

Doctorate: \_\_\_\_\_

(Attach official transcript(s) of all college work completed.)





12. All Teaching Certificates Held

Certificate: \_\_\_\_\_

Area \_\_\_\_\_ Kind \_\_\_\_\_ Date \_\_\_\_\_ Certificate Number \_\_\_\_\_ State \_\_\_\_\_

Certificate: \_\_\_\_\_

Area \_\_\_\_\_ Kind \_\_\_\_\_ Date \_\_\_\_\_ Certificate Number \_\_\_\_\_ State \_\_\_\_\_

Certificate: \_\_\_\_\_

Area \_\_\_\_\_ Kind \_\_\_\_\_ Date \_\_\_\_\_ Certificate Number \_\_\_\_\_ State \_\_\_\_\_

13. Applicant's Affidavit

I, \_\_\_\_\_, affirm that (1) the above information is to the best of my knowledge a true a statement of facts concerning date of birth, (Name in full) 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 Technology Education teacher; and (3) I understand that one requirement for Career and Technology Education teachers is to complete specialized teacher-training courses at an approved educational institution, or workshops conducted or sponsored by the Texas Education Agency.



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



14. To be completed by teacher certification program, or College/University approved to offer course work 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  \_\_\_\_\_ Signature of Certification Officer  \_\_\_\_\_ Signature of Program Representative

Name of Employing School District \_\_\_\_\_

**MAKE 4 COPIES:** 1. Teacher copy 2. Teacher Certification Program (Original) 3. Employing School District 4. Texas Education Agency Program Area