

## Preliminary CTE License Application

<b>Teacher Name:</b>	Click or tap here to enter text.
<b>Email:</b>	Click or tap here to enter text.
<b>Current TSPC Account Number:</b> <i>Visit the <a href="#">TSPC Website</a> for your account number.</i>	Click or tap here to enter text.
<b>CTE Approved Program:</b>	Click or tap here to enter text.
<b>CTE High School/Co-Applicant District</b>	Click or tap here to enter text.
<b>CTE License Area:</b>	Choose an item.

CTE Preliminary License Application Requirements	Documentation Attached
Professional Development Plan Completed	<input type="checkbox"/> Yes
Business and Industry Experience Verification	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Education Requirement Verification	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Required Signatures	<input type="checkbox"/> 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
<b>CTE Preliminary License</b>		
<input type="checkbox"/> <b>Approved</b>	ODE CTE Specialist Click or tap here to enter text.	
<input type="checkbox"/> <b>Denied</b>	Reason for Denial: Click or tap here to enter text.	