

RENEWAL OF PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT
Both pages of application must be completed and submitted.

TO BE COMPLETED BY APPLICANT

Professional Occupational Education license holders with a Masters degree or above and have taught five (5) years within the ten (10) year validity period of the license.

Must submit:

_____ FULL-TIME TEACHING EXPERIENCE VERIFICATION
_____ INDUSTRY CERTIFICATION (required for all additional endorsement areas)
___ Trade & Industry ___Cosmetology and/or Barbering ___Registered Nurse or Allied Health

Professional Occupational Education license holders with less than a Masters degree or Professional Occupational Education license holders with a Masters degree or higher with less than 5 years teaching experience within the ten (10) year validity period.

Must submit:

_____ INDUSTRY CERTIFICATION (required for all additional endorsement areas)
___ Trade & Industry ___Cosmetology and/or Barbering ___Registered Nurse or Allied Health
_____ FULL-TIME EMPLOYMENT VERIFICATION
_____ 90 CLOCK HOURS OF PARTICIPATION IN PROFESSIONAL/TECHNICAL WORKSHOPS
_____ OFFICIAL TRANSCRIPT